

#### **DISTRICT COURT**

#### WRIT OF ATTACHMENT

	Civil Action File Number		
Plaintiff	Attorney for the Plaintiff or the Plaintiff		
Defendant	Address of the Plaintiff's Attorney or the Plaintiff		
Defendant's Trustee	Attorney for the Defendant or the Defendant		t
Address of the Defendant's Trustee	Address of the Defendant's Attorney or the Defendant		
☐ Murray Judicial Complex		Noel Judicial Complex	
2nd Division District Court		3rd Division District Court	
45 Washington Square		222 Quaker Lane	
Newport, Rhode Island 02840-2913			
(401) 841-8350		(401) 822-6750	
☐ McGrath Judicial Complex		Garrahy Judicial Complex	
4th Division District Court		6th Division District Court	
4800 Tower Hill Road		One Dorrance Plaza	0
Wakefield, Rhode Island 02879-2239		Providence, Rhode Island 02903-271	9
(401) 782-4131		(401) 458-5400	
Plaintiff's Demand		Amount of Costs	
\$		\$	

# TO THE DULY AUTHORIZED OFFICER IN ACCORDANCE WITH TITLE 9, CHAPTER 5 (WRITS, SUMMONS, AND PROCESS) OF THE RHODE ISLAND GENERAL LAWS, IN THIS COUNTY:

You are commanded to attach the goods and chattels, real estate, personal estate, and stocks and shares in any banking association or incorporated company of the Defendant or in the hands or possession of the Defendant's trustee for the amount of the Plaintiff's demand, including a reasonable amount for interest, and costs as stated above.



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You are commanded to make return of this Writ of Attachment and your doings thereon.

You are also commanded to serve the Defendant with a copy of this Writ of Attachment and the Proof of Service thereof (when summons and complaint are served upon the Defendant in an action in connection with which said attachment is made unless this is a subsequent attachment.)

#### THE PLAINTIFF'S AFFIDAVIT

, , , , , , , , , , , , , , , , , , ,	ts to recover in said action a sum sufficient to give jurisdiction to the
Signature of the Plaintiff's Attor	ney or the Plaintiff
State of	
On this day of personally appeared	, 20, before me, the undersigned notary public,
known to the notary or $\square$ prove	ed to the notary through satisfactory evidence of identification, which
presence, and who swore or affir best of his or her knowledge.	to be the person who signed above in my med to the notary that the contents of the document are truthful to the
	Notary Public:  My commission expires:
	My commission expires:
	Notary identification number:
Date of Writ of Attachment	Clerk /s/

Witness the seal/watermark of the District Court next to the clerk's signature



## DISTRICT COURT WRIT OF ATTACHMENT

	Civil Action File Number			
Plaintiff	Attorney for the Plaintiff or the Plaintiff			
Defendant	Address of the Plaintiff's Attorney or the Plaintiff			
Defendant's Trustee	Attorney for the Defendant or the Defendant			
Address of the Defendant's Trustee	Address of the Defendant's Attorney or the Defendant			
PROOF OF SERVICE				
I hereby certify that on the date below I served a copy of this Writ of Attachment received herewith upon by delivering or leaving said papers in the following manner:  With personally.				
At				
Age Relationship  With an agent authorized by appoint Name of authorized agent	tment or by law to receive service of process.  tute to receive service, further notice as required by statute			
☐ With a guardian or conservator of Name of person and designation				



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☐ By delivering said papers to the attorney	general or an assistant	attorney general.			
☐ Upon a public corporation, body, or auth or manager.  Name of person and designation	ority by delivering said	papers to any officer, director,			
Upon a private corporation, domestic or fore	eign:				
By delivering said papers to an officer or a managing or general agent.  Name of person and designation					
☐ By leaving said papers at the office of the corporation with a person employed therein.  Name of person and designation					
☐ By delivering said papers to an agent authorized by appointment or by law to receive service of process.					
Name of authorized agent					
☐ I was unable to make service after the following reasonable attempts:					
SERVICE DATE: //	TIME OF SERVICE	SERVICE FEE \$			
Signature of SHERIFF or DEPUTY SHERIFF	or CONSTABLE				