中英對照版

○○高等行政法院地方行政訴訟庭送達證書

股別：　　本證書於送達後寄回本院：（法院地址）

受送達人機關姓名地址			先生 女士
案號案由			
送達文書			
送達人注意	1、依下述送達方法送達者，送達人應即將本送達證書，提出於法院附卷。 2、無法依下述送達方法送達者，送達人應做記載該事由之報告書，提出於法院附卷，並繳回應送達之文書。		
送達方法（由送達人在□上劃∨號選記）	□已將文書交與應受送達人：	□本人（簽名蓋章或按指印）：	
	□未獲會晤本人，已將文書交與有辨別事理能力之同居人、受雇人或願代為收受而居住於同一住宅之主人：	□同居人□受雇人□應送達處所之接收郵件人員 □願代為收受而居住於同一住宅之主人 （簽名蓋章或按指印）	
	◎應受送達之本人、同居人或受雇人，收領後拒絕或不能簽名、蓋章或按指印者，由送達人記明其事由於右欄：	※送達人應記明收領人之姓名 （以正楷填記）：	
		※送達人填記：	
	□應受送達之本人、同居人或受雇人，無法律上之理由拒絕收領，經送達人將文書留置於送達處所，以為送達：	□本人 □同居人(姓名) □受雇人(姓名)	**拒絕受領**
	□未獲會晤本人亦無受領文書之同居人或受雇人，已將該送達文書： □應受送達之本人、同居人或受雇人，無法律上之理由拒絕收領，並有難達留置情事，已將該送達文書：	1、送達通知書2份 1份□黏貼於受送達人住居所、事務所、營業所門首， 1份□交由鄰居轉交或 □置於應受送達人之信箱或 □其他適當＿＿＿＿＿＿之處所，以為送達。 2、寄存於下列之一處所（請擇一打∨） □＿＿＿＿派出所或＿＿＿＿警察局。 □＿＿＿＿鄉（鎮市）區公所。 □＿＿＿＿鄉（鎮市）區＿＿村（里）＿＿鄰長辦公處。 □＿＿＿＿郵局。	

（由郵局收寄人員填寫）	原寄郵局日戳	送達郵局日戳
郵件種類： 掛號號碼：	（由司法警察送達時免蓋）	（由司法警察送達時免蓋）
送達處所（送達人務請填記）	送達時間（送達人務請填記）	送達人簽章
□同上記載地址 □改送： （送達人務請填記）	中華民國　年　月　日 午　時	
		此證書由送達人繳回

股別：

本證書於送達後寄回○○高等行政法院高等行政訴訟庭（地址）

District Administrative Litigation Division of ○○High Administrative Court Proof of Service

Section: Return this Proof to the court upon successfully effecting service to: No. OO, OO Road/Street, OO City

<table>
<tr><td colspan="2">Name and Address of the person served</td><td colspan="2">Mr.
Ms.</td></tr>
<tr><td colspan="2">Case No. Summary of Case</td><td colspan="2"></td></tr>
<tr><td colspan="2">Document Served</td><td colspan="2"></td></tr>
<tr><td colspan="2">Cautions to Server</td><td colspan="2">1. After completing process of service under the following methods, the server shall file this proof of service as the appendix of court records.
2. Upon service failure, the server shall record the reason(s) in writing, file it in court to be the appendix of court records, and return the document that ought to be serviced.</td></tr>
<tr><td rowspan="6">Methods of Service</td><td rowspan="6">(To be checked by Server)</td><td>□Document has been served to the person that ought to be served</td><td>□Person that ought to be served
(Signature/Seal/Fingerprint of Individual)</td></tr>
<tr><td>□Unable to meet the person that ought to be served, but document has been handed to his/her mentally competent cohabitant, employee or owner of the same residence who is willing to receive the document.</td><td>□Cohabitant □Employee □Mail personnel of the location that the document ought to be served □Owner of the same residence who is willing to receive the document
(Signature/Seal/Fingerprint)</td></tr>
<tr><td rowspan="2">◎Upon serving document to the person that ought to be served or his/her cohabitant or employee, the refusal to accept or unable to sign, seal or fingerprint shall be noted by the server on the box to the right.</td><td>※Server shall record the name of the person to the left (in capital letters):</td></tr>
<tr><td>※Filled by server:</td></tr>
<tr><td>□Refusal to accept without justification by any aforementioned person, accompanied by leaving document at the destination, the document that has been:</td><td>□Individual
□Cohabitant(name)
□Employee(name)
REFUSAL TO ACCEPT</td></tr>
<tr><td>□Unable to meet the person that ought to be served or his/her cohabitant/employee, the document has been:
□Refusal to accept without justification by any aforementioned person, accompanied by the difficulty to leave document at the destination, the document that has been:</td><td>1. 2 copies of proof of service
1 copy □ is posted on the door of the residence, office or business location
1 copy □ is served to his/her neighbor for referral or
□ placed in the mailbox of the person that ought to be served or
□ Other proper_____place for service
2. Deposit at one of the following places（select and check one）
□_____Police Station or_____Police Department
□_____Township (City) Office
□_____Office of the Head of the _Neighborhood,__Village (Sub-district),___Township (City)
□_____Post Office</td></tr>
</table>

Filled in by Receiving Post Office Personnel	Stamp of Original Post Office	Stamp of Post Office Receiving Service
Type of Mail: Register No.:	(Stamp waived when delivered by police officer)	(Stamp waived when delivered by police officer)
Destination of Service（Must be filled in by Server）	Time of Service（Must be filled in by Server）	Signature of Server
□same address as above □alternate address: （Server must fill in）	Year Month Day A.M/P.M OO Hour	
Unit: O Section		This proof is to be returned by Server

This proof shall be mailed back to District Administrative Litigation Division of ○○High Administrative after service

（Address）