

○○高等行政法院高等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	郵遞區號：		
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)	<input type="checkbox"/> 已將文書交與應受送達人：	<input type="checkbox"/> 本人(簽名蓋章或按指印)：
		<input type="checkbox"/> 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：	<input type="checkbox"/> 同居人 <input type="checkbox"/> 受雇人 <input type="checkbox"/> 應送達處所之接收郵件人員 <input type="checkbox"/> 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)：
		<input type="checkbox"/> 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：	※送達人填記：
		<input type="checkbox"/> 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：	<input type="checkbox"/> 本人 <input type="checkbox"/> 同居人(姓名) <input type="checkbox"/> 受雇人(姓名)
		<input type="checkbox"/> 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：	拒絕受領 1、送達通知書2份 1份 <input type="checkbox"/> 黏貼於受送達人住居所、事務所、營業所門首， 1份 <input type="checkbox"/> 交由鄰居轉交或 <input type="checkbox"/> 置於應受送達人之信箱或 <input type="checkbox"/> 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√) <input type="checkbox"/> _____派出所或_____警察局。 <input type="checkbox"/> _____鄉(鎮市)區公所。 <input type="checkbox"/> _____鄉(鎮市)區_____村(里)_____鄰長辦公處。 <input type="checkbox"/> _____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
<input type="checkbox"/> 同上記載地址 <input type="checkbox"/> 改送： (送達人務請填記)		中華民國 年 月 日 午 時	

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）

High 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

Name and Address of the person served	Mr. Ms. Zip Code:								
Case No. Summary of Case									
Document Served									
Cautions to Server	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.								
Methods of Service	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Document has been served to the person that ought to be served </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Person that ought to be served (Signature/Seal/Fingerprint of Individual) </td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 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 style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> Cohabitant <input type="checkbox"/> Employee <input type="checkbox"/> Mail personnel of the location that the document ought to be served <input type="checkbox"/> Owner of the same residence who is willing to receive the document (Signature/Seal/Fingerprint) </td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"> <input checked="" type="radio"/> 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 style="vertical-align: top; padding: 5px;"> <input checked="" type="checkbox"/> Server shall record the name of the person to the left (in capital letters): <input checked="" type="checkbox"/> Filled by server: </td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> Refusal to accept without justification by any aforementioned person, accompanied by leaving document at the destination, the document that has been: </td> <td style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> Individual <input type="checkbox"/> Cohabitant(name) <input type="checkbox"/> Employee(name) </td> </tr> </table>	<input type="checkbox"/> Document has been served to the person that ought to be served	<input type="checkbox"/> Person that ought to be served (Signature/Seal/Fingerprint of Individual)	<input type="checkbox"/> 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.	<input type="checkbox"/> Cohabitant <input type="checkbox"/> Employee <input type="checkbox"/> Mail personnel of the location that the document ought to be served <input type="checkbox"/> Owner of the same residence who is willing to receive the document (Signature/Seal/Fingerprint)	<input checked="" type="radio"/> 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.	<input checked="" type="checkbox"/> Server shall record the name of the person to the left (in capital letters): <input checked="" type="checkbox"/> Filled by server:	<input type="checkbox"/> Refusal to accept without justification by any aforementioned person, accompanied by leaving document at the destination, the document that has been:	<input type="checkbox"/> Individual <input type="checkbox"/> Cohabitant(name) <input type="checkbox"/> Employee(name)
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REFUSAL TO
ACCEPT

