## **Proof of Service / Seattle, Washington Immigration Court**

(Name of alien or aliens)		_	
(Nam	e of alien or aliens)	_	
On		, I,	
	(date)	, I,	
serve	l a copy of this	(name of document)	at the
		(name of document)	
foll	owing address:		
	Chief Counsel Immigration and Custom 1000 Second Avenue, Su Seattle, WA 98104		
by:			
	Mail		
	Overnight Courier		
	Hand delivery		
or:			
	Served electronically on the Chief Counsel's Office located at 1000 Second Avenue Suite 2900 – Seattle, WA 98104 at <a href="mailto:seattleocofflings@dhs.gov">seattleocofflings@dhs.gov</a>		
	Placed in the ICE drop	box adjacent to the EOIR Immigration	Court in Seattle, WA
		SIGNATURE	