

STATE OF NEW YORK

SUPREME COURT

COUNTY COURT

PART: _____ COUNTY: _____

IN THE MATTER
OF
A Patient At

State of New York, County of Albany, _____
being duly sworn, deposes and says:

THAT: he is employed in the Office of the Commissioner of the Office of Mental Health.

THAT: on the _____ day of _____ 199_____ he served upon

The within Notice by depositing a true and correct copy thereof, properly enclosed in a postage paid wrapper in a Post Office Box regularly maintained by the Government of the United States at 44 Holland Avenue, Albany, New York 12229 directed to said parties at the address within the State designated by them for that purpose.

Sworn to before me
the _____ day of _____ 199_____

Notary

Sender