

NAME, ADDRESS, SBN, AND TELEPHONE NUMBER OF ATTORNEY:		Reserved for Clerk's File Stamp
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES		
COURTHOUSE ADDRESS:		
CASE NAME:	DOB:	
PROOF OF SERVICE		CASE NUMBER: Dependency: Juvenile Justice:

- At the time of service, I was over 18 years of age
- My residence/business address is:

Type of Service:

- BY MAIL:**
 On _____ I served the _____, in this case by placing a copy thereof, enclosed in a sealed envelope with first class postage pre-paid, in the United States Mail at _____, in the County of _____, State of California, said envelope having been addressed as follows:

Name of Party/Agency Served:
Address:

- At the time of mailing, I was employed or resided in the county where said mailing occurred.

- PERSONAL SERVICE:**
 On _____ I personally delivered to and left copies of the _____, in this case with the party served at the address below:

Name of Party/Agency Served:
Address:

- BY ELECTRONIC MAIL:**
 On _____ I served the _____, in this case by electronically mailing a copy thereof to the following electronic mail address(es):

Executed on _____, at _____, California.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: _____ Signature of Declarant: _____