NAME, ADDRESS, AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY:	STATE BAR NUMBER	Reserved for Clerk's File Stamp
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES		
COURTHOUSE ADDRESS:		
CONTESTANT: _____ ADDRESS: _____ TELEPHONE NUMBER:		
PROCESSING AGENCY: _____ ADDRESS: _____ TELEPHONE NUMBER:		
PROOF OF SERVICE NOTICE OF APPEAL - ADMINISTRATIVE HEARING		CASE NUMBER:

1. At the time of service I was over 18 years of age.

2. My residence or business address is: _____
_____

3. Citation Number of case being appealed: _____.

4. Type of Service:

☐ **BY MAIL**

On _____, I served the Notice of Appeal – Administrative Hearing, in this case
(DATE)
by placing a copy thereof, enclosed in a separate, sealed envelope with first class postage prepaid, in the

United States mail at _____, in the county of _____,
(CITY)
State of California, said envelope having been addressed as follows:

Processing Agency: _____
Street address: _____
City, State, Zip Code: _____

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

☐ **PERSONAL SERVICE**

On _____, I personally delivered a copy of the Notice of Appeal –
(DATE)
Administrative Hearing, to the Processing Agency at the address below:

Processing Agency: _____
Street address: _____
City, State, Zip Code: _____

5. Executed on _____ at _____, California.
(DATE) (CITY)

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

Dated: _____ _____
Signature of Contestant