

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400,17406 <i>(Name, State Bar number, and address):</i>          <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO.:</div> </div> ATTORNEY FOR <i>(Name)</i> :	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:  <i>(If applicable, provide):</i> HEARING DATE: HEARING TIME: DEPT.:
<b>PROOF OF PERSONAL SERVICE</b>	

1. I am at least 18 years old, not a party to this action, and not a protected person listed in any of the orders.
2. Person served *(name)*:
3. I served copies of the following documents *(specify)*:
  
4. By personally delivering copies to the person served, as follows:
 

a. Date:

b. Time:

c. Address:
  
5. I am
 

a. ☐ not a registered California process server.  
 b. ☐ a registered California process server.  
 c. ☐ an employee or independent contractor of a registered California process server.

d. ☐ exempt from registration under Business & Profession Code section 22350(b).  
 e. ☐ a California sheriff or marshal.
  
6. My name, address, and telephone number, and, if applicable, county of registration and number *(specify)*:
  
  
  
  
  
  
  
  
  
  
7. ☐ I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
8. ☐ I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS)

(SIGNATURE OF PERSON WHO SERVED THE PAPERS)

**PROOF OF PERSONAL SERVICE**

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