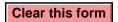
ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400,17406	FOR COURT USE ONLY
(Name, State Bar number, and address):	
TELEPHONE NO.: FAX NO.:	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT/PARTY:	(If applicable, provide):
	HEARING DATE:
PROOF OF PERSONAL SERVICE	HEARING TIME:
	DEPT.:
I am at least 18 years old, not a party to this action, and not a protected person listed in	n any of the orders
	riarry of the ordere.
2. Person served (name):	
3. I served copies of the following documents (specify):	
4. Dy paragrally delivering copies to the paragraph conved, as follows:	
4. By personally delivering copies to the person served, as follows:	
a. Date: b. Time:	
c. Address:	
5. I am	
	stration under Business & Profession
b. a registered California process server. Code section 22350(b).	
c. an employee or independent contractor of a e. a California sheriff or marshal.	
registered California process server.	
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:	
L L	
>	
(TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS) (SIGNAL)	ATURE OF PERSON WHO SERVED THE PAPERS)
	Page 1 of 1

Form Approved for Optional Use Judicial Council of California FL-330 [Rev. January 1, 2012]

PROOF OF PERSONAL SERVICE

Code of Civil Procedure, § 1011 www.courts.ca.gov



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