

Case Number _____

CERTIFICATE OF SERVICE

[If the opposing party is represented by an attorney, you must serve your response on the attorney rather than on the opposing party.]

I certify that I mailed (by first class mail) or hand-delivered a copy of this response to:

Name of Other Party or Attorney: _____

Address: _____

Date: _____ ☐ mailed ☐ hand-delivered

Name of Other Party or Attorney: _____

Address: _____

Date: _____ ☐ mailed ☐ hand-delivered

Name of Other Party or Attorney: _____

Address: _____

Date: _____ ☐ mailed ☐ hand-delivered

Signature of Person Filing Response