

ATTORNEY OR PARTY WITHOUT ATTORNEY: _____ STATE BAR NO.: _____ NAME: _____ FIRM NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE NO.: _____ FAX NO.: _____ EMAIL ADDRESS: _____ ATTORNEY FOR (name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
CHILD'S/NONMINOR'S NAME: _____ CHILD'S/NONMINOR'S DATE OF BIRTH: _____ HEARING DATE AND TIME: _____	
Proof of Service—Short-Term Residential Therapeutic Program or Community Treatment Facility Placement	
CASE NUMBER: _____	

I served a copy of

- ☐ *Placing Agency's Request for Review of Placement in Short-Term Residential Therapeutic Program or Community Treatment Facility* (form JV- 235) AND a blank copy of *Input on Placement in Short-Term Residential Therapeutic Program or Community Treatment Facility* (form JV-236), AND/OR
- ☐ the report as described in Welf. & Inst. Code, § 361.22(c) or § 727.12(c) for a hearing on (date): _____, AND/OR
- ☐ *Notice of Request for Approval of Short-Term Residential Therapeutic Program or Community Treatment Facility Without a Hearing* (form JV-240), if requesting approval of the placement without a hearing

on the following persons or entities by

- personally delivering a copy to the person served, OR
- by delivering a copy to a competent adult at the usual place of residence or business of the person served and thereafter mailing a copy by first-class mail to the person served at the place where the copy was delivered, OR
- by placing a copy in a sealed envelope and depositing the envelope directly in the U.S. mail with postage prepaid, or at my place of business for same-day collection or mailing with the U.S. mail following our ordinary business practices with which I am readily familiar, OR
- by delivering a copy by electronic means at the electronic service address indicated below (*electronic service must comply with Welf. & Inst. Code, § 212.5*):

1. a. ☐ The child (*if 10 years of age or older*) or the nonminor dependent

- (1) Name: _____
- (2) Mailing, in-person, or electronic service address: _____
- (3) Date of service: _____
- (4) Method of service: _____

1. b. ☐ Attorney or Child Abuse Prevention and Treatment Act (CAPTA) guardian ad litem

- (1) Name: _____
- (2) Mailing, in-person, or electronic service address: _____
- (3) Date of service: _____
- (4) Method of service: _____

2. a. ☐ Parent/Legal Guardian

- (1) Name: _____
- (2) Mailing, in-person, or electronic service address: _____
- (3) Date of service: _____
- (4) Method of service: _____

2. b. ☐ Attorney

- (1) Name: _____
- (2) Mailing, in-person, or electronic service address: _____
- (3) Date of service: _____
- (4) Method of service: _____

3. a. ☐ Parent/Legal Guardian

- (1) Name: _____
- (2) Mailing, in-person, or electronic service address: _____
- (3) Date of service: _____
- (4) Method of service: _____

3. b. ☐ Attorney

- (1) Name: _____
- (2) Mailing, in-person, or electronic service address: _____
- (3) Date of service: _____
- (4) Method of service: _____

CHILD'S/NONMINOR'S NAME:

CASE NUMBER:

4. a. ☐ The child's or nonminor dependent's Indian tribe

(1) Name:

(2) Mailing, in-person, or electronic service address:

(3) Date of service:

(4) Method of service:

4. b. ☐ Attorney

(1) Name:

(2) Mailing, in-person, or electronic service address:

(3) Date of service:

(4) Method of service:

5. a. ☐ Indian custodian

(1) Name:

(2) Mailing, in-person, or electronic service address:

(3) Date of service:

(4) Method of service:

5. b. ☐ Attorney

(1) Name:

(2) Mailing, in-person, or electronic service address:

(3) Date of service:

(4) Method of service:

6. ☐ CASA volunteer

a. Name:

b. Mailing, in-person, or electronic service address:

c. Date of service:

d. Method of service:

7. ☐ Other (*specify*):

a. Name:

b. Mailing, in-person, or electronic service address:

c. Date of service:

d. Method of service:

8. ☐ Other (*specify*):

a. Name:

b. Mailing, in-person, or electronic service address:

c. Date of service:

d. Method of service:

9. ☐ Other (*specify*):

a. Name:

b. Mailing, in-person, or electronic service address:

c. Date of service:

d. Method of service:

10. At the time of service I was at least 18 years of age. If service was made in person, by mail, or electronic service, I am not a party to this matter. I am a resident of or employed in the county where the service occurred. My residence or business mailing address, or my electronic service address, is (*specify address*):

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

Date: _____

Type or print your name_____
Sign your name