

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
CASE NAME:		
PROOF OF SERVICE—JUVENILE		CASE NUMBER:

I served a copy of the *(name of document)* on *(hearing date, if applicable)* 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 and 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:

1. Social worker Probation officer

Attorney

- a. Name:
- b. Mailing or electronic service address:
- c. Date of service:
- d. Method of service:

2. Mother Father Legal guardian

Attorney

- a. Name:
- b. Mailing or electronic service address:
- c. Date of service:
- d. Method of service:

3. Mother Father Legal guardian

Attorney

- a. Name:
- b. Mailing or electronic service address:
- c. Date of service:
- d. Method of service:

4. Mother Father Legal guardian

Attorney

- a. Name:
- b. Mailing or electronic service address:
- c. Date of service:
- d. Method of service:

CASE NAME:	CASE NUMBER:
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5. Child (if 10 years of age or older)
 a. Name:
 b. Mailing or electronic service address:
 c. Date of service:
 d. Method of service:
- Attorney
 a. Name:
 b. Mailing or electronic service address:
 c. Date of service:
 d. Method of service:
6. Child (if 10 years of age or older)
 a. Name:
 b. Mailing or electronic service address:
 c. Date of service:
 d. Method of service:
- Attorney
 a. Name:
 b. Mailing or electronic service address:
 c. Date of service:
 d. Method of service:
7. Child's sibling
 a. Name:
 b. Mailing or electronic service address:
 c. Date of service:
 d. Method of service:
- Attorney
 a. Name:
 b. Mailing or electronic service address:
 c. Date of service:
 d. Method of service:
8. CASA volunteer
 a. Name:
 b. Mailing or electronic service address:
 c. Date of service:
 d. Method of service:
9. Child's caregiver/De facto parent
 a. Name:
 b. Mailing or electronic service address:
 c. Date of service:
 d. Method of service:
10. Tribe/Bureau of Indian Affairs
 a. Name:
 b. Mailing or electronic service address:
 c. Date of service:
 d. Method of service:
11. Grandparent
 a. Name:
 b. Mailing or electronic service address:
 c. Date of service:
 d. Method of service:
12. Indian custodian
 a. Name:
 b. Mailing or electronic service address:
 c. Date of service:
 d. Method of service:
13. Other (specify):
 a. Name:
 b. Mailing or electronic service address:
 c. Date of service:
 d. Method of service:

Additional persons served are listed on form JV-510(A) *Attachment to Proof of Service—Juvenile (Additional Persons Served)*

14. At the time of service I was at least 18 years of age. If service was made in person or by mail, 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):

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

Date:



(TYPE OR PRINT NAME)

(SIGNATURE)