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

I served a copy of the (name of document):

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 United States mail with postage prepaid or at my place of business for same-day collection and mailing with the United States 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. Nonminor Attorney
 - a. Name:
 - b. Mailing or electronic service address:
 - c. Date of service:
 - d. Method of service:

2. Social worker Probation officer Attorney
 - a. Name:
 - b. Mailing or electronic service address:
 - c. Date of service:
 - d. Method of service:

3. Mother Father Legal guardian Attorney

Notice provided only if requested by nonminor dependent or if the parent is receiving court-ordered family reunification services.

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

4. Mother Father Legal guardian Attorney

Notice provided only if requested by nonminor dependent or if the parent is receiving court-ordered family reunification services.

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

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|-------------------------|--------------|
| NONMINOR'S NAME: | CASE NUMBER: |
|-------------------------|--------------|

5. Nonminor dependent's sibling under juvenile court jurisdiction Attorney
- a. Name:
b. Mailing or electronic service address:
c. Date of service:
d. Method of service:
- a. Name:
b. Mailing or electronic service address:
c. Date of service:
d. Method of service:
6. Nonminor dependent's sibling under juvenile court jurisdiction Attorney
- a. Name:
b. Mailing or electronic service address:
c. Date of service:
d. Method of service:
- a. Name:
b. Mailing or electronic service address:
c. Date of service:
d. Method of service:
7. Supervisor of nonminor dependent's residence Attorney
- a. Name:
b. Mailing or electronic service address:
c. Date of service:
d. Method of service:
- a. Name:
b. Mailing or electronic service address:
c. Date of service:
d. Method of service:
8. Other Attorney
- a. Name:
b. Mailing or electronic service address:
c. Date of service:
d. Method of service:
- a. Name:
b. Mailing or electronic service address:
c. Date of service:
d. Method of service:
9. Other Attorney
- a. Name:
b. Mailing or electronic service address:
c. Date of service:
d. Method of service:
- a. Name:
b. Mailing 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 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 is true and correct.

Date:

(TYPE OR PRINT NAME)



SIGNATURE