

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:		
CASE NAME:		
PROOF OF SERVICE UNDER SECTION 366.26 OF THE WELFARE AND INSTITUTIONS CODE		
CASE NUMBER:		

1. I served a copy of the attached *Notice of Hearing* under section 366.26 on (*identify name and relationship to child below*):
 - a. Name of person served:
 - b. Mother Legal/Presumed father Alleged father Guardian Child 10 or over
 Present custodian Grandparent Counsel of record
2. Manner of service (check proper box):
 - a. **Personal service.** By personally delivering a copy to the person served.
 - (1) Date of service:
 - (2) Time of service:
 - b. **Substituted service.** By delivering copies 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 at the place where the copy was delivered.
 - (1) Name of person with whom left:
 - (2) Date and time of leaving:
 - (3) Date of mailing:
 - (4) Place of mailing (city and state):
 - c. **Certified mail to residence or business.** (*Attach evidence of mailing.*)
 - d. **Certified mail to counsel of record.** (*Attach evidence of mailing.*)
 - e. **First-class mail.** By placing copies in a sealed envelope and depositing the envelope directly in the United States mail with postage paid 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.
 - (1) To residence (address):
 - (2) To business (address):
 - (3) Date of deposit:
 - (4) Place of deposit (city and state):
 - f. **First-class mail to grandparent.**
 - (1) Addressed as follows (name and address):
 - (2) Date of deposit:
 - (3) Place of deposit (city and state):
 - g. **Publication.** (*Attach evidence of publication.*)
 - h. **Electronic Service** (electronic service address):
 - i. **Other:**
3. 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*):
(*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)

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