

ATTORNEY OR PARTY WITHOUT ATTORNEY: NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NO.: 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:		
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. <input type="checkbox"/> The child (<i>if 10 years of age or older</i>) or the nonminor dependent
(1) Name:
(2) Mailing, in-person, or electronic service address:
(3) Date of service:
(4) Method of service: | 1. b. <input type="checkbox"/> 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. <input type="checkbox"/> Parent/Legal Guardian
(1) Name:
(2) Mailing, in-person, or electronic service address:
(3) Date of service:
(4) Method of service: | 2. b. <input type="checkbox"/> Attorney
(1) Name:
(2) Mailing, in-person, or electronic service address:
(3) Date of service:
(4) Method of service: |
| 3. a. <input type="checkbox"/> Parent/Legal Guardian
(1) Name:
(2) Mailing, in-person, or electronic service address:
(3) Date of service:
(4) Method of service: | 3. b. <input type="checkbox"/> 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:
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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