

CONFIDENTIAL

CARE-107

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: EMAIL 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:		
CARE ACT PROCEEDINGS FOR (name):		RESPONDENT
PROOF OF PERSONAL SERVICE OF NOTICE OF ORDER FOR CARE ACT REPORT		CASE NUMBER:

1. I am at least 18 years old and not a party to this action.
2. I served *Notice of Order for CARE Act Report* (form CARE-106) by personally delivering a copy as follows:
 - a. Respondent (name):
 - b. Address (*specify location*):
 - c. On (*date*): at (*time*):
3. I personally delivered with *Notice of Order for CARE Act Report* a copy of *Order for CARE Act Report* (form CARE-105), the petition (form CARE-100) filed to begin these proceedings, and *Information for Respondents—About the CARE Act* (form CARE-060-INFO).
4. My name, address, telephone number, and, if applicable, county of registration and number, are (*specify*):
5. I am (*check all that apply*):
 - a. not a registered California process server.
 - b. a registered California process server.
 - c. a California sheriff or marshal.
 - d. an employee or independent contractor of a registered California process server.
 - e. exempt from registration. (Bus. & Prof. Code, § 22350(b).)
6. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
7. I am a California sheriff or marshal, and I certify the foregoing is true and correct.

Date:



(TYPE OR PRINT NAME OF DECLARANT)

(SIGNATURE OF DECLARANT)

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