

**1 Petitioner (Employer or Collective Bargaining Representative)**

Name: \_\_\_\_\_

**2 Employee Who Suffered Harassment, Violence, or Threat of Violence**

Name: \_\_\_\_\_

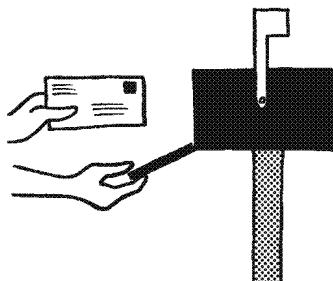
**3 Respondent (Person From Whom Protection Is Sought)**

Name: \_\_\_\_\_

**4 Notice to Server**

The server must:

- Be 18 years of age or older.
- Be a resident of or employed in the county where the mailing took place.
- Not be the respondent.
- Mail a copy of all documents checked in **5** below to the petitioner or the petitioner's lawyer.
- Complete and sign this form and give it to the respondent.



Fill in court name and street address:

Superior Court of California, County of \_\_\_\_\_

Court fills in case number when form is filed.

Case Number: \_\_\_\_\_

**PROOF OF SERVICE BY MAIL****5** I am 18 years of age or older and not a party to this proceeding. I live or am employed in the county where the mailing took place. I mailed the petitioner or the petitioner's lawyer a copy of:

- Form WV-120, *Response to Petition for Workplace Violence Restraining Order* (completed)
- Other (specify): \_\_\_\_\_

**6** I placed copies of the documents listed above in a sealed envelope and mailed them as described below:

a. Mailed to (name): \_\_\_\_\_

b. To this address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

c. On (date): \_\_\_\_\_ Mailed from: City: \_\_\_\_\_ State: \_\_\_\_\_

**7 Server's Information**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(If you are a registered process server):

County of registration: \_\_\_\_\_ Registration number: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: \_\_\_\_\_

Type or print server's name

Server to sign here