ATTORNEY OR PARTY WITHOUT ATTORNEY:			STATE BAR NO.:		FOR COURT USE ONLY	
	ME:					
	M NA					
	TREET ADDRESS: STATE: ZIP CODE:					
	TELEPHONE NO.: FAX NO.:					
		ADDRESS:				
ΑT	TORN	NEY FOR (name):				
PI	EOP	PLE OF THE STATE OF CALIFORNIA				
DI	EFE	v. NDANT:				
PROOF OF SERVICE FOR PETITION/APPLICATION					CASE NUMBER:	
					FOR COURT HEE ONLY	
		Mathada 6 Ca			FOR COURT USE ONLY Date:	
	_		ervice (only one):		Time:	
		Personal Service		Mail	Department:	
1.		Person serving: I am over the age of 18 and not a party to this action. a. Name:				
	b.	Residence or Business Address:				
	c.	Telephone:				
2.	l s	erved a copy of the Petition/Applic	ation for Resentenci	ng or Reduction on th	ne person or persons listed below as follows:	
	a.	Name of person served: Office	of the District Attorn	ev		
	b.	Address where served:		,		
	C.	Date Served:				
	c.	Time Served:	AM	PM		
3.	Th	e documents were served by the f	ollowing means (spe	ecify):		
	a. by personal service. I personally delivered the documents to the persons at the addresses listed in item 2. Delivery was made (a) to the attorney personally; or (b) by leaving the documents at the attorney's office, in an envelope or package clearly labeled to identify the attorney being served, with a receptionist or an individual in charge of the office; or (c) if there was no person in the office with whom the notice or papers could be left, by leaving them in a conspicuous place in the office between the hours of nine in the morning and five in the evening.					
	b.	by United States mail. I er addresses in item 2 and (sp.		nts in a sealed envelo	pe or package addressed to the persons at the	
		(1) deposited the sealed en	nvelope with the Uni	ted States Postal Ser	vice, with the postage fully prepaid.	
		this business's practice	e for collecting and p ced for collection and	rocessing correspond d mailing, it is deposit	inary business practices. I am readily familiar with dence for mailing. On the same day that ted in the ordinary course of business with the United repaid.	
		I am a resident or employed (city and state):	d in the county where	e the mailing occurred	d. The envelope or package was placed in the mail at	
l d	ecla	are under penalty of perjury under	the laws of the State	of California that the	foregoing is true and correct.	
Da	te:			<u> </u>		
					SIGNATURE OF DECLARANT	
					(DDINTED NAME OF DEGLADANT)	
					(PRINTED NAME OF DECLARANT) Page 1 of 1	
					Page 1 of 1	

PROOF OF SERVICE FOR PETITION/APPLICATION

