ATTORNEY OR PARTY WITHOUT ATTORNEY:			STATE BAR NO.:		FOR COURT USE ONLY
NAI	ME:				
	M NA				
	STREET ADDRESS:				
CITY: STATE: ZIP CODE:					
TELEPHONE NO.: FAX NO.:					
		NDDRESS:			
AI	IORN	EY FOR (name):			
PE	EOP	LE OF THE STATE OF CALIFORNIA			
וח	FFFI	v. NDANT:			
		PROOF OF SERVICE FO	OD DETITION/ADI		CASE NUMBER:
		Prop 47 Reduction (PC 1170.18		LICATION	
		CR-180 / CR 181	,		FOR COURT HOE ONLY
		Prop 64 (HS 11361.8)			FOR COURT USE ONLY Date:
			ervice (only one):		Time:
		Personal Service		Mail	Department:
1	Dο	rson serving: I am over the age of	18 and not a party to	this action	
١.		Name:	To and <u>not a party to</u>	o uno action.	
	b.	Residence or Business Address:			
		Telephone:			
	0.	releptione.			
2.	l se	erved a copy of the Petition/Application for Resentencing or Reduction on the person or persons listed below as follows:			
	a.	Name of person served: Office	of the District Attorn		
	b.	Address where served:			
	c.	Date Served:			
	C.	Time Served:	AM	PM	
3.	The	e documents were served by the fo	ollowing means (spe	ecify).	
Ο.					
 a by personal service. I personally delivered the documents to the persons at the addition made (a) to the attorney personally; or (b) by leaving the documents at the attorney's 					
					or an individual in charge of the office; or (c) if
					be left, by leaving them in a conspicuous place in
		the office between the hours	s of nine in the morn	ing and five in the eve	ning.
	b.	by United States mail. I en	closed the documer	nts in a sealed envelop	e or package addressed to the persons at the
addresses in item 2 and (specify one):					
		(1) deposited the sealed er	nvelope with the Uni	ted States Postal Serv	ce, with the postage fully prepaid.
(2) placed the envelope for collection and mailing, following our ordinary business p				ary business practices. I am readily familiar with	
	this business's practice for collecting and processing corresponde				
		correspondence is place States Postal Service,			d in the ordinary course of business with the United paid.
			·		
		(city and state):	in the county where	the mailing occurred.	The envelope or package was placed in the mail at
		(ony and state).			
I d	ecla	re under penalty of perjury under t	ne laws of the State	ot California that the f	pregoing is true and correct.
Da	te:			<u> </u>	CIONATURE OF REGIANAVIT
					SIGNATURE OF DECLARANT
					(DDIVITED MANE OF DEC. 12 WIT
					(PRINTED NAME OF DECLARANT)
					Page 1 of 1

PROOF OF SERVICE FOR PETITION/APPLICATION

