ATTORNEY OR PARTY WITHOUT ATTORNEY:	STATE BAR NUMBER:		FOR COURT USE ONLY
NAME:			
FIRM NAME:			
STREET ADDRESS:	STATE: ZIP 0	CODE:	
CITY: TELEPHONE NO.:	FAX NO.:	ODE:	
E-MAIL ADDRESS:	TAX NO.		
ATTORNEY FOR (name):			
COURT OR AGENCY:			-
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
PETITIONER:			
RESPONDENT:			
NOT	ICE OF HEARING		CASE NUMBER:
on Petition	n to Determine if Dog is		CAGE NOWBER.
Potentially	Dangerous Vicious		
1. NOTICE is given that petitioner (n	ame):		
(representative capacity, if any):			
has filed a Petition to Determine	If Dog Is Potentially Dangero	us or Vicious. Cop	ies of the petition and supporting documents
are attached to this notice.	5 , 5	·	1 11 3
2. A HEARING on the matter will be	held as follows:		
-			
		Name and address	of court or agency if different from above:
	_		
Hearing → Date:	Time:		
Date Dept.:	Room:		
			ootentially dangerous or vicious. Failure to
appear at the hearing may resu	it in an order terminating or re	estricting your pos	session of the dog.
	O NOT BRING THE D	OG TO THE H	EARING
Date:		Clerk, by	, Deputy
		, ,	7 1 7
		K.	
] Agency	
(TYPE OR PRINT NAM	=)		(SIGNATURE)
		_	
			(TITLE)
		_	(TELEPHONE NUMBER)
			•
	(Proof of Service	e on reverse)	
	(FIDDI DI SEMI	e on reverse)	Page 1 of

		MD-109
PETITI RESPON		CASE NUMBER:
	PROOF OF SERVICE	
	Petition to Determine If Dog Is Potentially Dangerou	s or Vicious
	Personal Service Certified M	ail
Service	of the notice on the other party may be made by one of the following ways:	
(1)	Personally delivering these papers to the other party.	
	OR	
` '	Mailing the papers by certified mail return receipt requested, postage prepaid, party.	mailed to the last known address of the other
1. At the	time of service I was at least 18 years of age and not a party to this legal pro	ceeding.
2. I serve	d copies of the following papers in the manner shown below:	
	pers served: Petition to Determine If Dog is Potentially Dangerous or Vicio tice of Hearing.	us with supporting documents and
b. Ma	nner of service (check and complete either (1) or (2) below)	
(1)	Personal service. I personally delivered these papers to the owner or keepe	er of the dog as follows:
	(a) Name:	
	(b) Address where served:	
	(c) Date served:	
	(d) Time served:	
(2)	Certified mail return receipt requested. I deposited these papers in the Ur postage fully prepaid. I used certified mail and requested a return receipt. The owner or keeper of the dog as follows:	
	(a) Name:	
	(b) Address:	
	(c) Date of mailing:	
	(d) Place of mailing (city, state):	
	(e) I am a resident of or employed in the county where the notice was mailed	d.
3. My res	idence or business address is:	
•		
declare u	nder penalty of perjury under the laws of the State of California that the foregoi	ng is true and correct.
Date:		
	L	

Telephone number of person who served the notice:

(TYPE OR PRINT NAME OF PERSON WHO SERVED THE NOTICE)

(SIGNATURE OF PERSON WHO SERVED THE NOTICE)