

ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NO.: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CHILD'S/NONMINOR'S NAME: CHILD'S/NONMINOR'S DATE OF BIRTH: HEARING DATE AND TIME:	
<b>Proof of Service—Short-Term Residential Therapeutic Program Placement</b>	CASE NUMBER:

**I served a copy of:**

- Placing Agency's Request for Review of Placement in Short-Term Residential Therapeutic Program (form JV-235) AND a blank copy of: Input on Placement in Short-Term Residential Therapeutic Program (form JV-236), and/or*
- the report as described in Welfare and Institutions Code section 361.22(c) or 727.12(c), for a hearing on (date):*  
 on the following persons or entities by
  - personally delivering a copy to the person served, OR
  - by delivering a copy to a competent adult at the usual place of residence or business of the person served and thereafter mailing a copy by first-class mail to the person served at the place where the copy was delivered, OR
  - by placing a copy in a sealed envelope and depositing the envelope directly in the U.S. mail with postage prepaid, or at my place of business for same-day collection or mailing with the U.S. mail following our ordinary business practices with which I am readily familiar, OR
  - by delivering a copy by electronic means at the electronic service address indicated below (*electronic service must comply with Welfare and Institutions Code section 212.5*):

1.  The child (*if 10 years of age or older*) or the nonminor dependent
  - a. Name:
  - b. Mailing, in-person, or electronic service address:
  - c. Date of service:
  - d. Method of service:

- Attorney
  - a. Name:
  - b. Mailing, in-person, or electronic service address:
  - c. Date of service:
  - d. Method of service:

2.  Parent/Legal Guardian
  - a. Name:
  - b. Mailing, in-person, or electronic service address:
  - c. Date of service:
  - d. Method of service:

- Attorney
  - a. Name:
  - b. Mailing, in-person, or electronic service address:
  - c. Date of service:
  - d. Method of service:

3.  Parent/Legal Guardian
  - a. Name:
  - b. Mailing, in-person, or electronic service address:
  - c. Date of service:
  - d. Method of service:

- Attorney
  - a. Name:
  - b. Mailing, in-person, or electronic service address:
  - c. Date of service:
  - d. Method of service:

CHILD'S/NONMINOR'S NAME:	CASE NUMBER:
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4.  The child's or nonminor dependent's Indian tribe
- a. Name:
  - b. Mailing, in-person, or electronic service address:
  - c. Date of service:
  - d. Method of service:

- Attorney
- a. Name:
  - b. Mailing, in-person, or electronic service address:
  - c. Date of service:
  - d. Method of service:

5.  Indian custodian
- a. Name:
  - b. Mailing, in-person, or electronic service address:
  - c. Date of service:
  - d. Method of service:

- Attorney
- a. Name:
  - b. Mailing, in-person, or electronic service address:
  - c. Date of service:
  - d. Method of service:

6.  CASA volunteer
- a. Name:
  - b. Mailing, in-person, or electronic service address:
  - c. Date of service:
  - d. Method of service:

7.  Other (*specify*):
- a. Name:
  - b. Mailing, in-person, or electronic service address:
  - c. Date of service:
  - d. Method of service:

8.  Other (*specify*):
- a. Name:
  - b. Mailing, in-person, or electronic service address:
  - c. Date of service:
  - d. Method of service:

9.  Other (*specify*):
- a. Name:
  - b. Mailing, in-person, or electronic service address:
  - c. Date of service:
  - d. Method of service:

10. At the time of service I was at least 18 years of age. If service was made in person, by mail, or electronic service, I am not a party to this matter. I am a resident of or employed in the county where the service occurred. My residence or business mailing address, or my electronic service address, is (*specify*):

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

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

\_\_\_\_\_  
*Type or print your name*

\_\_\_\_\_  
*Sign your name*