

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS: _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
NONMINOR'S NAME: _____	
PROOF OF SERVICE—NONMINOR	CASE NUMBER: _____

I served a copy of the *(name of document)*:

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 United States mail with postage prepaid or at my place of business for same-day collection and mailing with the United States 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:

- | | |
|---|--|
| 1. <input type="checkbox"/> Nonminor
a. Name: _____
b. Mailing or electronic service address: _____

c. Date of service: _____
d. Method of service: _____ | <input type="checkbox"/> Attorney
a. Name: _____
b. Mailing or electronic service address: _____

c. Date of service: _____
d. Method of service: _____ |
| 2. <input type="checkbox"/> Social worker <input type="checkbox"/> Probation officer
a. Name: _____
b. Mailing or electronic service address: _____

c. Date of service: _____
d. Method of service: _____ | <input type="checkbox"/> Attorney
a. Name: _____
b. Mailing or electronic service address: _____

c. Date of service: _____
d. Method of service: _____ |
| 3. <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal guardian
Notice provided only if requested by nonminor dependent or if the parent is receiving court-ordered family reunification services.
a. Name: _____
b. Mailing or electronic service address: _____

c. Date of service: _____
d. Method of service: _____ | <input type="checkbox"/> Attorney
a. Name: _____
b. Mailing or electronic service address: _____

c. Date of service: _____
d. Method of service: _____ |
| 4. <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal guardian
Notice provided only if requested by nonminor dependent or if the parent is receiving court-ordered family reunification services.
a. Name: _____
b. Mailing or electronic service address: _____

c. Date of service: _____
d. Method of service: _____ | <input type="checkbox"/> Attorney
a. Name: _____
b. Mailing or electronic service address: _____

c. Date of service: _____
d. Method of service: _____ |

NONMINOR'S NAME:	CASE NUMBER:
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- | | |
|--|---|
| <p>5. <input type="checkbox"/> Nonminor dependent's sibling under juvenile court jurisdiction</p> <p style="margin-left: 20px;">a. Name:</p> <p style="margin-left: 20px;">b. Mailing or electronic service address:</p> <p style="margin-left: 20px;">c. Date of service:</p> <p style="margin-left: 20px;">d. Method of service:</p> | <p><input type="checkbox"/> Attorney</p> <p style="margin-left: 20px;">a. Name:</p> <p style="margin-left: 20px;">b. Mailing or electronic service address:</p> <p style="margin-left: 20px;">c. Date of service:</p> <p style="margin-left: 20px;">d. Method of service:</p> |
| <p>6. <input type="checkbox"/> Nonminor dependent's sibling under juvenile court jurisdiction</p> <p style="margin-left: 20px;">a. Name:</p> <p style="margin-left: 20px;">b. Mailing or electronic service address:</p> <p style="margin-left: 20px;">c. Date of service:</p> <p style="margin-left: 20px;">d. Method of service:</p> | <p><input type="checkbox"/> Attorney</p> <p style="margin-left: 20px;">a. Name:</p> <p style="margin-left: 20px;">b. Mailing or electronic service address:</p> <p style="margin-left: 20px;">c. Date of service:</p> <p style="margin-left: 20px;">d. Method of service:</p> |
| <p>7. <input type="checkbox"/> Supervisor of nonminor dependent's residence</p> <p style="margin-left: 20px;">a. Name:</p> <p style="margin-left: 20px;">b. Mailing or electronic service address:</p> <p style="margin-left: 20px;">c. Date of service:</p> <p style="margin-left: 20px;">d. Method of service:</p> | <p><input type="checkbox"/> Attorney</p> <p style="margin-left: 20px;">a. Name:</p> <p style="margin-left: 20px;">b. Mailing or electronic service address:</p> <p style="margin-left: 20px;">c. Date of service:</p> <p style="margin-left: 20px;">d. Method of service:</p> |
| <p>8. <input type="checkbox"/> Other</p> <p style="margin-left: 20px;">a. Name:</p> <p style="margin-left: 20px;">b. Mailing or electronic service address:</p> <p style="margin-left: 20px;">c. Date of service:</p> <p style="margin-left: 20px;">d. Method of service:</p> | <p><input type="checkbox"/> Attorney</p> <p style="margin-left: 20px;">a. Name:</p> <p style="margin-left: 20px;">b. Mailing or electronic service address:</p> <p style="margin-left: 20px;">c. Date of service:</p> <p style="margin-left: 20px;">d. Method of service:</p> |
| <p>9. <input type="checkbox"/> Other</p> <p style="margin-left: 20px;">a. Name:</p> <p style="margin-left: 20px;">b. Mailing or electronic service address:</p> <p style="margin-left: 20px;">c. Date of service:</p> <p style="margin-left: 20px;">d. Method of service:</p> | <p><input type="checkbox"/> Attorney</p> <p style="margin-left: 20px;">a. Name:</p> <p style="margin-left: 20px;">b. Mailing or electronic service address:</p> <p style="margin-left: 20px;">c. Date of service:</p> <p style="margin-left: 20px;">d. Method of service:</p> |

10. At the time of service I was at least 18 years of age. If service was made in person or by mail, 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 NAME)



(SIGNATURE)