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| ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: | |
| CASE NAME: | |
| PROOF OF SERVICE - JUVENILE | CASE NUMBER: |

I served a copy of the _____ (name of document) on _____ (hearing date, if applicable) 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 and 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:

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| 1. <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: |
| 2. <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal guardian 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 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 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: |

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| CASE NAME: | CASE NUMBER: |
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| <p>5. <input type="checkbox"/> Child (if 10 years of age or older)</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"/> Child (if 10 years of age or older)</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"/> Child's sibling</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"/> CASA volunteer</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"/> Child's caregiver/De facto parent</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>10. <input type="checkbox"/> Tribe/Bureau of Indian Affairs</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>11. <input type="checkbox"/> Grandparent</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>12. <input type="checkbox"/> Indian custodian</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>13. <input type="checkbox"/> Other (specify):</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> |

Additional persons served are listed on form JV-510(A) Attachment to Proof of Service—Juvenile (Additional Persons Served)

14. 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 and all attachments are true and correct.

Date: _____

(TYPE OR PRINT NAME)
(SIGNATURE)