

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> ): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
NONMINOR'S NAME: _____	
<b>PROOF OF SERVICE—NONMINOR</b>	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:

- |  |   |
|--|---|
| 1. <input type="checkbox"/> Nonminor<br>a. Name and address:<br><br>b. Date of service:<br>c. Method of service:   | <input type="checkbox"/> Attorney<br>a. Name and address:<br><br>b. Date of service:<br>c. Method of service: |
| 2. <input type="checkbox"/> Social worker <input type="checkbox"/> Probation officer<br>a. Name and address:<br><br>b. Date of service:<br>c. Method of service:   | <input type="checkbox"/> Attorney<br>a. Name and address:<br><br>b. Date of service:<br>c. Method of service: |
| 3. <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal guardian<br>Notice provided only if requested by nonminor dependent or if the parent is receiving court-ordered family reunification services.<br>a. Name and address:<br><br>b. Date of service:<br>c. Method of service: | <input type="checkbox"/> Attorney<br>a. Name and address:<br><br>b. Date of service:<br>c. Method of service: |
| 4. <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal guardian<br>Notice provided only if requested by nonminor dependent or if the parent is receiving court-ordered family reunification services.<br>a. Name and address:<br><br>b. Date of service:<br>c. Method of service: | <input type="checkbox"/> Attorney<br>a. Name and address:<br><br>b. Date of service:<br>c. Method of service: |

<b>NONMINOR'S NAME:</b>	CASE NUMBER:
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5.  Nonminor dependent's sibling under juvenile court jurisdiction  Attorney  
 a. Name and address: a. Name and address:  
  
 b. Date of service: b. Date of service:  
 c. Method of service: c. Method of service:
6.  Nonminor dependent's sibling under juvenile court jurisdiction  Attorney  
 a. Name and address: a. Name and address:  
  
 b. Date of service: b. Date of service:  
 c. Method of service: c. Method of service:
7.  Supervisor of nonminor dependent's residence  Attorney  
 a. Name and address: a. Name and address:  
  
 b. Date of service: b. Date of service:  
 c. Method of service: c. Method of service:
8.  Other  Attorney  
 a. Name and address: a. Name and address:  
  
 b. Date of service: b. Date of service:  
 c. Method of service: c. Method of service:
9.  Other  Attorney  
 a. Name and address: a. Name and address:  
  
 b. Date of service: b. Date of service:  
 c. Method of service: c. Method of service:

10. At the time of service I was at least 18 years of age and not a party to this matter. I am a resident of or employed in the county where the mailing occurred. My residence or business 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

**For your protection and privacy, please press the Clear This Form button after you have printed the form.**