

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

- |   |   |
|---|---|
| <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: |
|---|---|
  
- |   |   |
|---|---|
| <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal guardian<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: |
|---|---|
  
- |   |   |
|---|---|
| <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal guardian<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: |
|---|---|
  
- |   |   |
|---|---|
| <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal guardian<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: |
|---|---|

CASE NAME:  	CASE NUMBER:  
--------------------	----------------------

- |  |   |
|--|---|
| <p>5. <input type="checkbox"/> Child <i>(if 10 years of age or older)</i></p> <p style="margin-left: 20px;">a. Name and address:</p> <p style="margin-left: 40px;">b. Date of service:</p> <p style="margin-left: 40px;">c. Method of service:</p> | <p><input type="checkbox"/> Attorney</p> <p style="margin-left: 20px;">a. Name and address:</p> <p style="margin-left: 40px;">b. Date of service:</p> <p style="margin-left: 40px;">c. Method of service:</p> |
| <p>6. <input type="checkbox"/> Child <i>(if 10 years of age or older)</i></p> <p style="margin-left: 20px;">a. Name and address:</p> <p style="margin-left: 40px;">b. Date of service:</p> <p style="margin-left: 40px;">c. Method of service:</p> | <p><input type="checkbox"/> Attorney</p> <p style="margin-left: 20px;">a. Name and address:</p> <p style="margin-left: 40px;">b. Date of service:</p> <p style="margin-left: 40px;">c. Method of service:</p> |
| <p>7. <input type="checkbox"/> Child's sibling</p> <p style="margin-left: 20px;">a. Name and address:</p> <p style="margin-left: 40px;">b. Date of service:</p> <p style="margin-left: 40px;">c. Method of service:</p>                            | <p><input type="checkbox"/> Attorney</p> <p style="margin-left: 20px;">a. Name and address:</p> <p style="margin-left: 40px;">b. Date of service:</p> <p style="margin-left: 40px;">c. Method of service:</p> |
| <p>8. <input type="checkbox"/> CASA volunteer</p> <p style="margin-left: 20px;">a. Name and address:</p> <p style="margin-left: 40px;">b. Date of service:</p> <p style="margin-left: 40px;">c. Method of service:</p>                             | <p><input type="checkbox"/> Attorney</p> <p style="margin-left: 20px;">a. Name and address:</p> <p style="margin-left: 40px;">b. Date of service:</p> <p style="margin-left: 40px;">c. Method of service:</p> |
| <p>9. <input type="checkbox"/> Tribe/Bureau of Indian Affairs</p> <p style="margin-left: 20px;">a. Name and address:</p> <p style="margin-left: 40px;">b. Date of service:</p> <p style="margin-left: 40px;">c. Method of service:</p>             | <p><input type="checkbox"/> Attorney</p> <p style="margin-left: 20px;">a. Name and address:</p> <p style="margin-left: 40px;">b. Date of service:</p> <p style="margin-left: 40px;">c. Method of service:</p> |
| <p>10. <input type="checkbox"/> Indian custodian</p> <p style="margin-left: 20px;">a. Name and address:</p> <p style="margin-left: 40px;">b. Date of service:</p> <p style="margin-left: 40px;">c. Method of service:</p>                          | <p><input type="checkbox"/> Attorney</p> <p style="margin-left: 20px;">a. Name and address:</p> <p style="margin-left: 40px;">b. Date of service:</p> <p style="margin-left: 40px;">c. Method of service:</p> |

CASE NAME:  	CASE NUMBER:  
--------------------	----------------------

11.  Child's caregiver  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:

12.  De facto parent  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:

13.  Grandparent  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:

14. Other (*specify*):  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:

15. Other (*specify*):  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:

16. At the time of service I was at least 18 years of age and not a party to this cause. 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 and all attachments are true and correct.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE)