

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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PROOF OF SERVICE BY MAIL
(For Use Only by a Local Child Support Agency)

- I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
- My business address is *(specify)*:

- I served a copy of the following documents *(specify)*:

- Notice of Motion (Governmental) (form FL-680) and supporting attachments
- Responsive Declaration to Order to Show Cause or Notice of Motion (form FL-320)
- Response to Notice of Motion to Set Aside Judgment of Paternity (Family Law—Governmental) (form FL-276)
- Responsive Declaration to Application to Set Aside Voluntary Declaration of Paternity (Family Law—Governmental) (form FL-285)
- Notice of Opposition and Notice of Motion on Claim of Exemption (Governmental) (form FL-677)
- Other *(specify)*:

by enclosing them in an envelope AND

- depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
- placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business’s practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

- The envelope was addressed and mailed as follows:

- | | |
|------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Name of party or attorney served: | <input type="checkbox"/> Name of party or attorney served: |
| (a) Address: | (a) Address: |
| (b) Date mailed: | (b) Date mailed: |
| (c) Place of mailing <i>(city and state)</i> : | (c) Place of mailing <i>(city and state)</i> : |

- | | |
|------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Name of party or attorney served: | <input type="checkbox"/> Name of party or attorney served: |
| (a) Address: | (a) Address: |
| (b) Date mailed: | (b) Date mailed: |
| (c) Place of mailing <i>(city and state)</i> : | (c) Place of mailing <i>(city and state)</i> : |

- The address for each individual identified in item 4 was

- verified by the California Child Support Enforcement System (CSE) as the current primary mailing address on file.
- other *(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 OF PERSON COMPLETING THIS FORM)