

# CONFIDENTIAL

CARE-111

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER:  STATE: ZIP CODE: FAX NO.:	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
CARE ACT PROCEEDINGS FOR (name):		RESPONDENT
<b>PROOF OF PERSONAL SERVICE OF NOTICE OF INITIAL APPEARANCE—CARE ACT PROCEEDINGS</b>		CASE NUMBER:

- I am at least 18 years old and not a party to this action.
- I served *Notice of Initial Appearance—CARE ACT Proceedings* (form CARE-110) by personally delivering a copy as follows:
  - Respondent (name):
  - Address (specify location):
  - On (date): at (time):
- I personally delivered with *Notice of Initial Appearance—CARE Act Proceedings* a copy of *Petition to Commence CARE Act Proceedings* (form CARE-100) filed to begin these proceedings, *Notice of Respondent's Rights—CARE Act Proceedings* (form CARE-113), and *Information for Respondents—About the CARE Act* (form CARE-060-INFO),  and the report ordered under Welfare and Institutions Code section 5977(a)(3).
- My name, address, telephone number, and, if applicable, county of registration and number, are (specify):
- I am (check all that apply):
  - not a registered California process server.
  - a registered California process server.
  - a California sheriff or marshal.
  - an employee or independent contractor of a registered California process server.
  - exempt from registration. (Bus. & Prof. Code, § 22350(b).)
- I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
- I am a California sheriff or marshal, and I certify the foregoing is true and correct.

Date:

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



\_\_\_\_\_  
(SIGNATURE OF DECLARANT)

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