

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER:	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
CARE ACT PROCEEDINGS FOR (name): <div style="text-align: right;">RESPONDENT</div>		
PROOF OF PERSONAL SERVICE OF NOTICE OF HEARING—CARE ACT PROCEEDINGS		CASE NUMBER:

1. I am at least 18 years old and not a party to this action.
2. I served *Notice of Hearing—CARE Act Proceedings* (form CARE-115) by personally delivering a copy as follows:
 - a. Respondent (name):
 - b. Address (specify location):
 - c. On (date): _____ at (time): _____
3. I personally delivered with *Notice of Hearing—CARE Act Proceedings* a copy of any document listed in item 3 of that form and a copy of *Notice of Respondent's Rights—CARE Act Proceedings* (form CARE-113).
4. My name, address, telephone number, and, if applicable, county of registration and number, are (specify):
5. I am (check all that apply):
 - a. not a registered California process server.
 - b. a registered California process server.
 - c. a California sheriff or marshal.
 - d. an employee or independent contractor of a registered California process server.
 - e. exempt from registration. (Bus. & Prof. Code, § 22350(b).)
6. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
7. 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)