ATTORNEY *(Name, State Bar number, and address):* STATE BAR NO.: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (*name*):	***FOR COURT USE ONLY***
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF: DEFENDANT:	CASE NUMBER:
PROOF OF SERVICE—DISABILITY ACCESS LITIGATION **Check method of service *(only one):*** ☐ **By Personal Service** ☐ **By Mail**	JUDGE: DEPT.:

(This proof of service may only be used to show service of documents in cases with construction-related accessibility claims, as listed below. Do NOT use it to show service of a summons and complaint, or to show electronic service.)

1. At the time of service I was over 18 years of age and not a party to this action.
2. My residence or business address is:
3. I served the following documents *(check the applicable boxes):*
   a. ☐ *Defendant's Application for Stay of Proceedings and Early Evaluation Conference, Joint Inspection* (form DAL-005)
   b. ☐ *Notice of Stay of Proceedings and Early Evaluation Conference, Joint Inspection* (form DAL-010)
   c. ☐ *Application for Mandatory Evaluation Conference* (form DAL-015)
   d. ☐ *Notice of Mandatory Evaluation Conference* (form DAL-020)
   e. ☐ Inspection report by Certified Access Specialist regarding the site in this action. (See Civ. Code, § 55.54(d)(4)(A).)
   f. ☐ Evidence showing correction of violation giving rise to construction-related claims or plans for remediation. (See Civ. Code, § 55.54(d)(4)(B) or (C) or § 55.545(c)(3).)
   g. ☐ Plaintiff's statement of issues, damages, attorney's fees, and any settlement demand. (See Civ. Code, § 55.54(d)(6) or § 55.545(c)(2).)
   h. ☐ Other *(describe):*
4. ☐ **By Mail.** I am a resident of or employed in the county where the mailing occurred. I served a copy of the document or documents by mailing them, in a sealed envelope with first-class postage fully prepaid, as follows:
   a. ☐ I deposited the envelope with the United States Postal Service.
   b. ☐ I placed the envelope for collection and processing for mailing following this business's ordinary practice with which I am readily familiar. On the same day correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service.
   c. Date of deposit: d. Place of deposit *(city and state):*
   e. Addressed as follows *(name and address):*
5. ☐ **By Personal Service.** I served a copy of the document or documents by personally delivering copies as shown below:
   a. Name of person served:
   b. Address of person served:
   c. On *(date):* d. At *(time):*

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)

Form Approved for Optional Use
Judicial Council of California
DAL-012 [Rev. January 1, 2016]

PROOF OF SERVICE—DISABILITY ACCESS LITIGATION
(Disability Access Litigation)

Code of Civil Procedure, § 1013a;
Civil Code, §§ 55.54 and 55.545
www.courts.ca.gov

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