

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NUMBER: 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:	
CASE NAME:	
PROOF OF SERVICE UNDER SECTION 366.26 OF THE WELFARE AND INSTITUTIONS CODE	CASE NUMBER:

1. I served a copy of the attached *Notice of Hearing* under section 366.26 on (*identify name and relationship to child below*):
 - a. Name of person served:
 - b. Mother Legal/Presumed father Alleged father Guardian Child 10 or over
 Present custodian Grandparent Counsel of record
2. *Manner of service (check proper box)*:
 - a. **Personal service.** By personally delivering a copy to the person served.
 (1) Date of service: (2) Time of service:
 - b. **Substituted service.** By delivering copies 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 at the place where the copy was delivered.
 (1) Name of person with whom left:
 (2) Date and time of leaving:
 (3) Date of mailing:
 (4) Place of mailing (*city and state*):
 - c. **Certified mail to residence or business.** (*Attach evidence of mailing.*)
 - d. **Certified mail to counsel of record.** (*Attach evidence of mailing.*)
 - e. **First-class mail.** By placing copies in a sealed envelope and depositing the envelope directly in the United States mail with postage paid OR at my place of business for same-day collection and mailing with the United States mail, following our ordinary business practices with which I am readily familiar.
 (1) To residence (*address*):
 (2) To business (*address*):
 (3) Date of deposit:
 (4) Place of deposit (*city and state*):
 - f. **First-class mail to grandparent.**
 (1) Addressed as follows (*name and address*):

 (2) Date of deposit:
 (3) Place of deposit (*city and state*):
 - g. **Publication.** (*Attach evidence of publication.*)
 - h. **Electronic Service** (*electronic service address*):
 - i. **Other:**
3. At the time of service I was at least 18 years of age. If service was made in person or by mail, I am not a party to this matter. I am a resident of or employed in the county where the service occurred. My residence or business mailing address, or my electronic service address is (*specify*):

(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)

