

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i>  TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CASE NAME:	
<b>PROOF OF SERVICE—JUVENILE</b>	CASE NUMBER:

I served a copy of the \_\_\_\_\_ *(name of document)* on the following persons or entities by personally delivering a copy to the person served, OR by delivering a copy 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 served at the place where the copy was delivered, OR by placing a copy in a sealed envelope and depositing the envelope directly in the United States mail with postage prepaid 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. <input type="checkbox"/> Social worker <input type="checkbox"/> Probation officer<br>a. Name and address: | <input type="checkbox"/> Attorney<br>a. Name and address: |
| b. Date of service:<br>c. Method of service:   | b. Date of service:<br>c. Method of service:              |
- |  |   |
|--|---|
| 2. <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal guardian<br>a. Name and address: | <input type="checkbox"/> Attorney<br>a. Name and address: |
| b. Date of service:<br>c. Method of service:   | b. Date of service:<br>c. Method of service:              |
- |  |   |
|--|---|
| 3. <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal guardian<br>a. Name and address: | <input type="checkbox"/> Attorney<br>a. Name and address: |
| b. Date of service:<br>c. Method of service:   | b. Date of service:<br>c. Method of service:              |
- |  |   |
|--|---|
| 4. <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal guardian<br>a. Name and address: | <input type="checkbox"/> Attorney<br>a. Name and address: |
| b. Date of service:<br>c. Method of service:   | b. Date of service:<br>c. Method of service:              |

CASE NAME:  	CASE NUMBER:  
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5.  Child (if 10 years of age or older)  
a. Name and address:  
  
b. Date of service:  
c. Method of service:

Attorney  
a. Name and address:  
  
b. Date of service:  
c. Method of service:

6.  Child (if 10 years of age or older)  
a. Name and address:  
  
b. Date of service:  
c. Method of service:

Attorney  
a. Name and address:  
  
b. Date of service:  
c. Method of service:

7.  Child's sibling  
a. Name and address:  
  
b. Date of service:  
c. Method of service:

Attorney  
a. Name and address:  
  
b. Date of service:  
c. Method of service:

8.  CASA volunteer  
a. Name and address:  
  
b. Date of service:  
c. Method of service:

Attorney  
a. Name and address:  
  
b. Date of service:  
c. Method of service:

9.  Tribe/Bureau of Indian Affairs  
a. Name and address:  
  
b. Date of service:  
c. Method of service:

Attorney  
a. Name and address:  
  
b. Date of service:  
c. Method of service:

10.  Indian custodian  
a. Name and address:  
  
b. Date of service:  
c. Method of service:

Attorney  
a. Name and address:  
  
b. Date of service:  
c. Method of service:

CASE NAME:  	CASE NUMBER:  
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11.  Child's caregiver  
 a. Name and address:  
  
 b. Date of service:  
 c. Method of service:

Attorney  
 a. Name and address:  
  
 b. Date of service:  
 c. Method of service:

12.  De facto parent  
 a. Name and address:  
  
 b. Date of service:  
 c. Method of service:

Attorney  
 a. Name and address:  
  
 b. Date of service:  
 c. Method of service:

13.  Grandparent  
 a. Name and address:  
  
 b. Date of service:  
 c. Method of service:

Attorney  
 a. Name and address:  
  
 b. Date of service:  
 c. Method of service:

14. Other (*specify*):  
 a. Name and address:  
  
 b. Date of service:  
 c. Method of service:

Attorney  
 a. Name and address:  
  
 b. Date of service:  
 c. Method of service:

15. Other (*specify*):  
 a. Name and address:  
  
 b. Date of service:  
 c. Method of service:

Attorney  
 a. Name and address:  
  
 b. Date of service:  
 c. Method of service:

16. At the time of service I was at least 18 years of age and not a party to this cause. I am a resident of or employed in the county where the mailing occurred. My residence or business address is (*specify*):

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Date:

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

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\_\_\_\_\_  
 (SIGNATURE)