(optional form)

ATTORNEY **OR** PARTY WITHOUT ATTORNEY *(Name, state bar number, and address)* _____ _____ _____ _____, _____ _____ TELEPHONE NO: (_____)_____ ATTORNEY FOR (*Name*):	*FOR COURT USE ONLY*
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KINGS STREET ADDRESS: 1426 SOUTH DRIVE CITY AND ZIP CODE: HANFORD, CA 93230	
GUARDIANSHIP OF THE ☐ PERSON ☐ ESTATE OF (Name): _____ MINOR	
PROOF OF SERVICE FOR PERSONAL SERVICE OR BY NOTICE AND ACKNOWLEDGMENT OF RECEIPT (CCP SECTIONS 415.10, 415.30)	CASE NUMBER:

I declare that:

1. At the time of service I was at least 18 years of age and not a party to this legal action.
2. I am a resident or employed in the county where the mailing occurred, if service was by mail.
3. My business or residence address is: _____

   _____

4. I served copies of the following paper(s) in the manner shown:
   - ☐ Petition for Appointment of Guardianship
   - ☐ Notice of Hearing (Guardianship)
   - ☐ Other [list exact title of paper(s)]:_____

     _____

5. Manner of service:
   a. ☐ **Personal** service. I personally delivered these papers to:
      (1) Name of person served:_____
      (2) Address where served: _____

      _____

      (3) Date served:_____/_____/_____ Time served:_____☐ a.m./ ☐ p.m.

   b. ☐ By **mailing** copies by first-class mail, postage prepaid, along with two copies of a Notice and Acknowledgement of Receipt and a self-addressed, stamped envelope to:
      (1) Name of person served:_____
      (2) Address to which documents were mailed:_____

      _____

      (3) Date documents were mailed:_____/_____/_____
      (4) City and state where mailing occurred:_____, _____
      (5) The completed Notice and Acknowledgment of Receipt is attached.

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

Dated:_____/_____/_____

_____ ➢_____

(Type or Print Name) (Signature of Person Who Served Papers)