(optional form)

ATTORNEY **OR** PARTY WITHOUT ATTORNEY (Name, state bar number (if applicable), and address) _____ _____ _____, _____ _____ Telephone Number: ( )_____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA ◦ COUNTY OF KINGS 1640 Kings County Drive Hanford, CA 93230	
PLAINTIFF/PETITIONER: _____ DEFENDANT/RESPONDENT: _____ OTHER PARENT: _____	
PROOF OF SERVICE	CASE NUMBER:

1. I am over the age of 18 years, and ***not*** a party to this cause. I am a resident of or employed in the county where the mailing occurred.
2. My residence or business address is as follows: _____
   _____, _____ _____
3. I served a copy of the following document(s)*(specify the name of each form served)*:
   _____
   _____

Manner of service (check one box):

4. ☐ **[MAIL]-** By enclosing copies in an envelope with the United States Postal Service with postage fully prepaid. The envelope was addressed and mailed as follows:
   a. Name of person served: _____
   b. Address: _____
   _____, _____ _____
   c. Date of deposit: _____/_____/_____
   d. Place of mailing *(city and state)*: _____, _____
5. ☐ **[PERSONAL]-** By ***personally*** delivering copies to the person served as follows:
   a. Name of person served: _____
   b. Address: _____
   _____, _____ _____
   c. Date of service: _____/_____/_____
   d. Time of service: _____ ☐ a.m. ☐ p. m.
6. *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 OF SERVER)