

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:	
NONMINOR'S NAME:	
PROOF OF SERVICE—NONMINOR	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 OR by delivering a copy by electronic means at the electronic service address indicated below:

- | | |
|---|--|
| 1. <input type="checkbox"/> Nonminor
a. Name:
b. Mailing or electronic service address:
c. Date of service:
d. Method of service: | <input type="checkbox"/> Attorney
a. Name:
b. Mailing or electronic service address:
c. Date of service:
d. Method of service: |
| 2. <input type="checkbox"/> Social worker <input type="checkbox"/> Probation officer
a. Name:
b. Mailing or electronic service address:
c. Date of service:
d. Method of service: | <input type="checkbox"/> Attorney
a. Name:
b. Mailing or electronic service address:
c. Date of service:
d. Method of service: |
| 3. <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal guardian
Notice provided only if requested by nonminor dependent or if the parent is receiving court-ordered family reunification services.
a. Name:
b. Mailing or electronic service address:
c. Date of service:
d. Method of service: | <input type="checkbox"/> Attorney
a. Name:
b. Mailing or electronic service address:
c. Date of service:
d. Method of service: |
| 4. <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal guardian
Notice provided only if requested by nonminor dependent or if the parent is receiving court-ordered family reunification services.
a. Name:
b. Mailing or electronic service address:
c. Date of service:
d. Method of service: | <input type="checkbox"/> Attorney
a. Name:
b. Mailing or electronic service address:
c. Date of service:
d. Method of service: |

NONMINOR'S NAME:	CASE NUMBER:
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5. Nonminor dependent's sibling under juvenile court jurisdiction Attorney
- a. Name: a. Name:
b. Mailing or electronic service address: b. Mailing or electronic service address:
c. Date of service: c. Date of service:
d. Method of service: d. Method of service:
6. Nonminor dependent's sibling under juvenile court jurisdiction Attorney
- a. Name: a. Name:
b. Mailing or electronic service address: b. Mailing or electronic service address:
c. Date of service: c. Date of service:
d. Method of service: d. Method of service:
7. Supervisor of nonminor dependent's residence Attorney
- a. Name: a. Name:
b. Mailing or electronic service address: b. Mailing or electronic service address:
c. Date of service: c. Date of service:
d. Method of service: d. Method of service:
8. Other Attorney
- a. Name: a. Name:
b. Mailing or electronic service address: b. Mailing or electronic service address:
c. Date of service: c. Date of service:
d. Method of service: d. Method of service:
9. Other Attorney
- a. Name: a. Name:
b. Mailing or electronic service address: b. Mailing or electronic service address:
c. Date of service: c. Date of service:
d. Method of service: d. Method of service:

10. 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*):

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

