CONFIDENTIAL

SUR-115

PARTY WITHOUT ATTORNEY *or* ATTORNEY STATE BAR NO.: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR *(name):*	***FOR COURT USE ONLY***
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
PROOF OF SERVICE OF SUMMONS	CASE NUMBER:

This form tells the court that the other parties to the gestational carrier agreement (also called an "assisted reproduction agreement for gestational carriers" in Family Code section 7962) were served with legal papers to start the case in family court.

1. At the time of service I was at least 18 years of age and not a party to this action.
2. I served each respondent with the following:
   a. ☐ *Summons—Gestational Carrier Agreement* (form SUR-110) and *Petition to Determine Parental Relationship* (SUR-100)
   b. ☐ Lodging of gestational carrier agreement
      (1) ☐ Notice of lodging (not a form) ☐ *Notice of Lodging* (form SUR-113)
      (2) ☐ Gestational carrier agreement ☐ English translation of gestational carrier agreement
      (3) ☐ Declaration of attorney for intended parent or intended parents *(name):*
      (4) ☐ Declaration of attorney for gestational carrier (and the gestational carrier's spouse or domestic partner) *(name):*
   c. ☐ Other declarations
      (1) ☐ Declaration of intended parents ☐ Joint declaration ☐ Individual declarations *(names):*
      (2) ☐ Declaration of gestational carrier ☐ Declaration of gestational carrier's spouse or domestic partner *(names):*
      (3) ☐ Declaration of fertility physician *(name):*
   d. ☐ Other *(specify):*
3. Indicate whether the documents listed below being served (1) were prepared by petitioner's attorney for each respondent to review and sign or (2) are blank forms to be completed by each respondent:
   a. ☐ I also served each respondent with the following
      (1) ☐ blank forms:
      (2) ☐ forms prepared by petitioner's attorney for each respondent to review:
   b. ☐ *Response to Petition to Determine Parental Relationship* (form SUR-120)
   c. ☐ Other *(specify):*
4. Address where each respondent was served:
   Name and address:
   Name and address:
   Name and address:

PETITIONER: RESPONDENT:	CASE NUMBER:

5. I served each respondent by the following means *(check the appropriate boxes):*

a. ☐ **Personal service** (Code Civ. Proc., § 415.10). I personally delivered the copies on
Name: *(date and time):*
Name: *(date and time):*
Name: *(date and time):*

b. ☐ **Substituted service.** On *(date and time):* I left the copies with or in the presence of
(name): who is *(title or relationship to respondent):*
(name): who is *(title or relationship to respondent):*
(name): who is *(title or relationship to respondent):*

(1) ☐ **(Business)** a person at least 18 years of age who was apparently in charge at the office or usual place of business of each respondent. I informed the person of the general nature of the papers.

(2) ☐ **(Home)** a competent member of the household (at least 18 years of age) at the home of each respondent. I informed the person of the general nature of the papers.

I thereafter mailed additional copies (by first class, postage prepaid) to each respondent at the place where the copies were left (Code Civ. Proc., § 415.20b) on *(date):*

A declaration of diligence is attached, stating the actions taken to first attempt personal service.

c. ☐ **Mail and acknowledgment service.** I mailed the copies to each respondent, addressed as shown in item 2, by first-class mail, postage prepaid, on *(date):* from *(city):*

(1) ☐ with two copies of the *Notice and Acknowledgment of Receipt* (form SUR-117) and a postage-paid return envelope addressed to me. **(Attach completed *Notice and Acknowledgment of Receipt* (form SUR-117).)** (Code Civ. Proc., § 415.30.)

(2) ☐ to an address outside California (by registered or certified mail with return receipt requested). **(Attach signed return receipt or other evidence of actual delivery to the respondent.)** (Code Civ. Proc., §§ 415.40, 417.20.)

d. ☐ **Other** *(specify code section):*

6. **Person who served papers**

Name:

Address:

Telephone number:

This person is

a. ☐ exempt from registration under Business and Professions Code section 22350(b).
b. ☐ not a registered California process server.
c. ☐ a registered California process server: ☐ an employee. ☐ an independent contractor.

(1) Registration no.:
(2) County:
(3) The fee for service was *(specify):* $

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

–or–

8. ☐ I am a California sheriff, marshal, or constable, and I certify that the foregoing is true and correct.

Date:

(NAME OF PERSON WHO SERVED PAPERS)

(SIGNATURE OF PERSON WHO SERVED PAPERS)

For your protection and privacy, please press the Clear button after you have printed the form.

Print Save Clear