

Attorney or party without attorney
Name, Address & Telephone No.

Attorney for (name)



SUPERIOR COURT OF CALIFORNIA
County of Sacramento
720 Ninth Street, Room 102
Sacramento, CA 95814-1380
(916) 874-5522

Case Title

Case No.

Proof of Service

I served a copy of the following documents (list the title of each document served):

On (person served):

By personally delivering copies to the person served, as follows:

Date:

Time:

Address:

By mailing copies to the person served, as follows:

Date:

Place of mailing (address):

At the time of service I was at least 18 years of age and not a party to this cause.

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 and Address

Signature