ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400,17406 *(Name, State Bar number, and address):* TELEPHONE NO.: FAX NO.: ATTORNEY FOR *(Name):*	*FOR COURT USE ONLY*
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
PROOF OF PERSONAL SERVICE	*(If applicable, provide):* HEARING DATE: HEARING TIME: DEPT.:

1. I am at least 18 years old, not a party to this action, and not a protected person listed in any of the orders.
2. Person served *(name):*
3. I served copies of the following documents *(specify):*

4. By personally delivering copies to the person served, as follows:
   a. Date: b. Time:
   c. Address:

5. I am
   a. ☐ not a registered California process server.
   b. ☐ a registered California process server.
   c. ☐ an employee or independent contractor of a registered California process server.
   d. ☐ exempt from registration under Business & Profession Code section 22350(b).
   e. ☐ a California sheriff or marshal.

6. My name, address, and telephone number, and, if applicable, county of registration and number *(specify):*

7. ☐ I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
8. ☐ I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS) (SIGNATURE OF PERSON WHO SERVED THE PAPERS)

Form Approved for Optional Use
Judicial Council of California
FL-330 [Rev. January 1, 2012]

Code of Civil Procedure, § 1011
www.courts.ca.gov

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