

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, Address, Telephone & State Bar Number): Attorney for: (Name)	
Superior Court of California, County of Sacramento STREET ADDRESS: 3341 Power Inn Road MAILING ADDRESS: Same CITY & ZIP CODE: Sacramento, California 95826	
PETITIONER: RESPONDENT:	
FAMILY COURT SERVICES (FCS) PROOF OF SERVICE	Superior Court Case Number: FCS Case Number:

1. I am at least 18 years old and am not a party to this case.
2. My residence or business address is:

3. I served a copy of the documents (*list title of each document served*):

By enclosing them in a sealed envelope and depositing it with the United States Postal Service with the postage fully prepaid. The envelope was addressed and mailed as follows:

- a. Name of person served:
- b. Address:

- c. Date mailed:
- d. Place of mailing (*city and state*)

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

- a. Name of person served:
- b. Date:
- c. Time:
- d. Address:

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

 (TYPE OR PRINT NAME)

▶ _____
 (SIGNATURE OF PERSON WHO SERVED THE DOCUMENTS)