

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name and Address</i> ): TELEPHONE NO:  ATTORNEY FOR: ( <i>Name</i> )	For Court Use Only
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO</b> STREET ADDRESS: 3341 Power Inn Road MAILING ADDRESS: Same CITY AND ZIP CODE: Sacramento, CA 95826	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:	Hearing Date:  Time:  Department:
<b>Proof of Service (Zoom Court Hearing – Probate)</b>	CASE NUMBER:

I, \_\_\_\_\_ the undersigned, declare I am over 18 years of age, a United States citizen, employed/residing in the county where the service occurred, and not a party to the action. My residence/business address is:

\_\_\_\_\_.

(Personal Service) I served the Zoom Court Hearing form by personal service on \_\_\_\_\_ at \_\_\_\_\_, California. Said person served and address as follows:

(US Mail) I served the Zoom Court Hearing form by depositing a copy thereof in sealed envelopes, postage prepaid, in the United States mail, on \_\_\_\_\_ at \_\_\_\_\_, California. Said person served and address on envelope as follows:

I declare under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
DATED

\_\_\_\_\_  
DECLARANT SIGNATURE