

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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PROOF OF SERVICE BY PERSONAL SERVICE MAIL

1. At the time of service I was at least 18 years of age and **not a party to this legal action.**
2. I served a copy of the completed *Application to Be Relieved as Counsel Upon Completion of Limited Scope Representation* and all attachments as well as a blank *Objection to Application to Be Relieved as Counsel Upon Completion of Limited Scope Representation* as follows (check either a. or b. below):
 - a. **Personal service.** I personally delivered the forms listed above and any attachments as follows:
 - (1) Name of person served:
 - (2) Address where served:
 - (3) Date served:
 - (4) Time served:
 - b. **Mail.** I placed copies of the forms listed above in a sealed envelope with postage fully prepaid. The envelope was addressed and mailed as follows:
 - (1) Name of person served:
 - (2) Address:
 - (3) Date of mailing:
 - (4) Place of mailing (*city and state*):
 - (5) I live in or work in the county where the forms were mailed.
3. Server's information:
 - a. Name:
 - b. Home or work address:
 - c. Telephone number:

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

Date:

 (TYPE OR PRINT SERVER'S NAME)

▶ _____
 (SERVER TO SIGN HERE)