

ATTORNEY OR PARTY WITHOUT ATTORNEY: _____ STATE BAR NO.: _____ NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE NO: _____ EMAIL ADDRESS: _____ ATTORNEY FOR (NAME): _____	FOR COURT USE ONLY
MARIN COUNTY SUPERIOR COURT 3501 Civic Center Drive P.O. Box 4988 San Rafael, CA 94913-4988	
PEOPLE OF THE STATE OF CALIFORNIA <div style="text-align: right;">vs.</div> DEFENDANT: _____	
PROOF OF PERSONAL SERVICE	CASE NUMBER: _____ HEARING DATE: _____ HEARING TIME: _____ COURTROOM: _____

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. Name of person served: _____
3. I served copies of the following documents (*specify*): _____

4. I personally delivered copies to the person served
 - a. On (*date*): _____ b. At (*time*): _____ AM PM
 - c. At (*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 & Professions Code section 22350(b).
 - e. a California law enforcement officer.
6. My name, address, and telephone number and, if applicable, county of registration and number:

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 law enforcement officer, and I certify that the foregoing is true and correct.

DATE

PRINT NAME OF PERSON WHO SERVED PAPERS

SIGNATURE OF PERSON WHO SERVED PAPERS

Distribution: Original - Court File