

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar number, and address</i> ):  TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR ( <i>Name</i> ): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER:  RESPONDENT:	
<b>PROOF OF SERVICE OF SUMMONS</b>	CASE NUMBER:

1. At the time of service I was at least 18 years of age and not a party to this action. **I served the respondent with copies of:**
- a.  Family Law—Marriage/Domestic Partnership: *Petition—Marriage/Domestic Partnership* (form [FL-100](#)), *Summons* (form [FL-110](#)), and blank *Response—Marriage/Domestic Partnership* (form [FL-120](#))
  - or—
  - b.  Uniform Parentage: *Petition to Establish Parental Relationship* (form [FL-200](#)), *Summons* (form [FL-210](#)), and blank *Response to Petition to Establish Parental Relationship* (form [FL-220](#))
  - or—
  - c.  Custody and Support: *Petition for Custody and Support of Minor Children* (form [FL-260](#)), *Summons* (form [FL-210](#)), and blank *Response to Petition for Custody and Support of Minor Children* (form [FL-270](#))
  - and
  - d.  (1)  Completed and blank *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act* (form [FL-105](#))
  - (2)  Completed and blank *Declaration of Disclosure* (form [FL-140](#))
  - (3)  Completed and blank *Schedule of Assets and Debts* (form [FL-142](#))
  - (4)  Completed and blank *Income and Expense Declaration* (form [FL-150](#))
  - (5)  Completed and blank *Financial Statement (Simplified)* (form [FL-155](#))
  - (6)  Completed and blank *Property Declaration* (form [FL-160](#))
  - (7)  *Request for Order* (form [FL-300](#)), and blank *Responsive Declaration to Request for Order* (form [FL-320](#))
  - (8)  Other (*specify*):

2. Address where respondent was served:

3. I served the respondent by the following means (*check proper boxes*):

- a.  **Personal service.** I personally delivered the copies to the respondent (Code Civ. Proc., § 415.10) on (*date*): \_\_\_\_\_ at (*time*): \_\_\_\_\_
- b.  **Substituted service.** I left the copies with or in the presence of (*name*): \_\_\_\_\_ who is (*specify title or relationship to respondent*): \_\_\_\_\_
  - (1)  **(Business)** a person at least 18 years of age who was apparently in charge at the office or usual place of business of the respondent. I informed him or her of the general nature of the papers.
  - (2)  **(Home)** a competent member of the household (at least 18 years of age) at the home of the respondent. I informed him or her of the general nature of the papers.

on (*date*): \_\_\_\_\_ at (*time*): \_\_\_\_\_

I thereafter mailed additional copies (by first class, postage prepaid) to the respondent at the place where the copies were left (Code Civ. Proc., § 415.20b) on (*date*): \_\_\_\_\_

A **declaration of diligence** is attached, stating the actions taken to first attempt personal service.

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3. c.  **Mail and acknowledgment service.** I mailed the copies to the respondent, addressed as shown in item 2, by first-class mail, postage prepaid, on *(date)*: from *(city)*:
- (1)  with two copies of the *Notice and Acknowledgment of Receipt* (form [FL-117](#)) and a postage-paid return envelope addressed to me. **(Attach completed *Notice and Acknowledgment of Receipt* (form [FL-117](#).)**  
(Code Civ. Proc., § 415.30.)
- (2)  to an address outside California (by registered or certified mail with return receipt requested). **(Attach signed return receipt or other evidence of actual delivery to the respondent.)** (Code Civ. Proc., §§ 415.40, 417.20.)
- d.  **Other** (*specify code section*):  
 Continued on Attachment 3d.

4. **Person who served papers**

Name:  
 Address:

Telephone number:

This person is

- a.  exempt from registration under Business and Professions Code section 22350(b).
- b.  not a registered California process server.
- c.  a registered California process server:  an employee or  an independent contractor  
 (1) Registration no.:  
 (2) County:
- d. **The fee** for service was (*specify*): \$

5.  **I declare** under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
- or—
6.  **I am a California sheriff, marshal, or constable**, and I certify that the foregoing is true and correct.

Date:

\_\_\_\_\_  
 (NAME OF PERSON WHO SERVED PAPERS)



\_\_\_\_\_  
 (SIGNATURE OF PERSON WHO SERVED PAPERS)