

Attorney or Party without Attorney ( Name, Address and Telephone number)		For Court Use Only
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO</b> STREET ADDRESS MAILING ADDRESS CITY AND ZIP CODE BRANCH NAME		
Title of Case (abbreviated)		
<b>PROOF OF PERSONAL SERVICE</b>	<b>CASE NUMBER:</b>	

Hearing Date: \_\_\_\_\_

Time: \_\_\_\_\_

Dept.: \_\_\_\_\_

I served a copy of the following documents (list documents):

\_\_\_\_\_  
 \_\_\_\_\_

Person Served (Name):

\_\_\_\_\_

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

(1) Date: \_\_\_\_\_ (2) Time: \_\_\_\_\_

(2) Address: \_\_\_\_\_

At the time of service I was at least 18 years of age and not a party to this cause.

I declare under penalty of perjury that the foregoing is true and correct and that this declaration is executed on

(date) \_\_\_\_\_, at (place) \_\_\_\_\_

\_\_\_\_\_  
*Type or Print Name*

\_\_\_\_\_  
*Signature*

**PROOF OF PERSONAL SERVICE**