

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 SERVICE BY MAIL</b>	<b>CASE NUMBER:</b>

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

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

I am over the age of 18 and not a party to this action. I am a resident of or employed in the county where the mailing occurred. My residence or business address is: \_\_\_\_\_

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

by placing a true copy of each document in the United States mail, in a sealed envelope with the postage fully prepaid, as follows:

- a. Date of deposit: \_\_\_\_\_
- b. Place of deposit (city and state): \_\_\_\_\_
- c. Addressed as follows: \_\_\_\_\_

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 SERVICE BY MAIL**