

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

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