

Attorney or Party without an Attorney NAME: ADDRESS: CITY, STATE, ZIP CODE: TELEPHONE NO:	
SAN JOAQUIN SUPERIOR COURT, _____ BRANCH STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP:	
THE PEOPLE OF THE STATE OF CALIFORNIA Vs Defendant	CRIMINAL COURT CASE NO.:
PROOF OF SERVICE	

1. At the time of the service I was at least 18 years of age.
2. I served copies of the
3. Party Served:
4. Address where party was served:
5. The documents were served by the following means (*specify*)
 - a. **By personal service.** I personally delivered the documents to the persons at the address listed in item 4. Delivery was made to the attorney's office by leaving the documents with the receptionist.
 - b. **By United States mail.** I enclosed the documents in a sealed envelope or package addressed to the persons at the address in item 4 and deposited the sealed envelope with the United States Postal Service, with the postage fully prepaid. I am a resident in the county where the mailing occurred. The envelope or package was placed in the mail at (*city and state*) _____.

I declare under penalty of perjury under the laws of the State of California that the foregoing true and correct.

Date:

 (NAME OF DECLARANT)

 (SIGNATURE OF DECLARANT)

PROOF OF SERVICE