



CASE NAME: _____	CASE NUMBER:
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**PROOF OF SERVICE BY MAIL  
Substitution of Attorney—Civil**

**Instructions:** After having all parties served by mail with the Substitution of Attorney—Civil, have the person who mailed the document complete this Proof of Service by Mail. An unsigned copy of the Proof of Service by Mail should be completed and served with the document. Give the Substitution of Attorney—Civil and the completed Proof of Service by Mail to the clerk for filing. If you are representing yourself, someone else must mail these papers and sign the Proof of Service by Mail.

1. I am over the age of 18 and **not a party to this cause**. I am a resident of or employed in the county where the mailing occurred. My residence or business address is (*specify*):
  
2. I served the Substitution of Attorney—Civil by enclosing a true copy in a sealed envelope addressed to each person whose name and address is shown below and depositing the envelope in the United States mail with the postage fully prepaid.
  - (1) Date of mailing:
  - (2) Place of mailing (*city and state*):
  
3. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE)

**NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED**

4. a. Name of person served:  
b. Address (*number, street, city, and ZIP*):
  
- c. Name of person served:  
d. Address (*number, street, city, and ZIP*):
  
- e. Name of person served:  
f. Address (*number, street, city, and ZIP*):
  
- g. Name of person served:  
h. Address (*number, street, city, and ZIP*):
  
- i. Name of person served:  
j. Address (*number, street, city, and ZIP*):

List of names and addresses continued in attachment.