

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
CASE NAME:		
PROOF OF SERVICE—JUVENILE		CASE NUMBER:

I served a copy of the *(name of document)* on *(hearing date, if applicable)* on the following persons or entities by personally delivering a copy to the person served, OR by delivering a copy to a competent adult at the usual place of residence or business of the person served and thereafter mailing a copy by first-class mail to the person served at the place where the copy was delivered, OR by placing a copy in a sealed envelope and depositing the envelope directly in the U.S. mail with postage prepaid or at my place of business for same-day collection and mailing with the U.S. mail, following our ordinary business practices with which I am readily familiar, OR by delivering a copy by electronic means at the electronic service address indicated below:

- | | |
|---|--|
| 1. <input type="checkbox"/> Social worker <input type="checkbox"/> Probation officer
a. Name:
b. Mailing or electronic service address:

c. Date of service:
d. Method of service: | <input type="checkbox"/> Attorney
a. Name:
b. Mailing or electronic service address:

c. Date of service:
d. Method of service: |
| 2. <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal guardian
a. Name:
b. Mailing or electronic service address:

c. Date of service:
d. Method of service: | <input type="checkbox"/> Attorney
a. Name:
b. Mailing or electronic service address:

c. Date of service:
d. Method of service: |
| 3. <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal guardian
a. Name:
b. Mailing or electronic service address:

c. Date of service:
d. Method of service: | <input type="checkbox"/> Attorney
a. Name:
b. Mailing or electronic service address:

c. Date of service:
d. Method of service: |
| 4. <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal guardian
a. Name:
b. Mailing or electronic service address:

c. Date of service:
d. Method of service: | <input type="checkbox"/> Attorney
a. Name:
b. Mailing or electronic service address:

c. Date of service:
d. Method of service: |

CASE NAME:	CASE NUMBER:
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5. Child (if 10 years of age or older)
- a. Name:
 - b. Mailing or electronic service address:
 - c. Date of service:
 - d. Method of service:

- Attorney
- a. Name:
 - b. Mailing or electronic service address:
 - c. Date of service:
 - d. Method of service:

6. Child (if 10 years of age or older)
- a. Name:
 - b. Mailing or electronic service address:
 - c. Date of service:
 - d. Method of service:

- Attorney
- a. Name:
 - b. Mailing or electronic service address:
 - c. Date of service:
 - d. Method of service:

7. Child's sibling
- a. Name:
 - b. Mailing or electronic service address:
 - c. Date of service:
 - d. Method of service:

- Attorney
- a. Name:
 - b. Mailing or electronic service address:
 - c. Date of service:
 - d. Method of service:

8. CASA volunteer
- a. Name:
 - b. Mailing or electronic service address:
 - c. Date of service:
 - d. Method of service:

9. Child's caregiver/De facto parent
- a. Name:
 - b. Mailing or electronic service address:
 - c. Date of service:
 - d. Method of service:

10. Tribe/Bureau of Indian Affairs
- a. Name:
 - b. Mailing or electronic service address:
 - c. Date of service:
 - d. Method of service:

11. Grandparent
- a. Name:
 - b. Mailing or electronic service address:
 - c. Date of service:
 - d. Method of service:

12. Indian custodian
- a. Name:
 - b. Mailing or electronic service address:
 - c. Date of service:
 - d. Method of service:

13. Other (specify):
- a. Name:
 - b. Mailing or electronic service address:
 - c. Date of service:
 - d. Method of service:

Additional persons served are listed on form JV-510(A) Attachment to Proof of Service—Juvenile (Additional Persons Served)

14. At the time of service I was at least 18 years of age. If service was made in person or by mail, I am not a party to this matter. I am a resident of or employed in the county where the service occurred. My residence or business mailing address, or my electronic service address is (specify):

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

Date:

(TYPE OR PRINT NAME)



(SIGNATURE)

