

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

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)