

NAME AND ADDRESS OF ATTORNEY:	TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR:		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO</b>		
<input type="checkbox"/> 351 North Arrowhead Avenue, San Bernardino, CA 92415-0210 <input type="checkbox"/> 8303 Haven Avenue, Rancho Cucamonga, CA 91730 <input type="checkbox"/> 14455 Civic Drive, Victorville, CA 92392 <input type="checkbox"/> 235 East Mountain View, Barstow, CA 92311 <input type="checkbox"/> 6527 White Feather Road, Star Route 1, Box 60, Joshua Tree, CA 92252 <input type="checkbox"/> 216 Brookside Avenue, Redlands, CA 92373 <input type="checkbox"/> 17780 Arrow Highway, Fontana, CA 92335 <input type="checkbox"/> 13260 Central Avenue, Chino, CA 91710		
PLAINTIFF(S)/PETITIONER(S):		
DEFENDANT(S)/RESPONDENT(S):		CASE NUMBER:
<b>PROOF OF PERSONAL SERVICE</b>		

Hearing:   Date  
                   Time  
                   Dept.

I served a copy of the following documents (list documents):

Person served (name):

By personally delivering copies to the person served, as follows:

(1) Date \_\_\_\_\_ (2) Time \_\_\_\_\_

(3) Address \_\_\_\_\_

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*

**ACIS Code**  
**33208(02)**

**PROOF OF PERSONAL SERVICE**

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ATTORNEY FOR: <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO</b> <input type="checkbox"/> 351 North Arrowhead Avenue, San Bernardino, CA 92415-0210 <input type="checkbox"/> 8303 Haven Avenue, Rancho Cucamonga, CA 91730 <input type="checkbox"/> 14455 Civic Drive, Victorville, CA 92392 <input type="checkbox"/> 235 East Mountain View, Barstow, CA 92311 <input type="checkbox"/> 6527 White Feather Road, Star Route 1, Box 60, Joshua Tree, CA 92252 <input type="checkbox"/> 216 Brookside Avenue, Redlands, CA 92373 <input type="checkbox"/> 17780 Arrow Highway, Fontana, CA 92335 <input type="checkbox"/> 13260 Central Avenue, Chino, CA 91710		
PLAINTIFF(S)/PETITIONER(S):		
DEFENDANT(S)/RESPONDENT(S):		
<b>PROOF OF SERVICE BY MAIL</b>		CASE NUMBER:

Hearing:   Date  
                   Time  
                   Dept.

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 postage fully prepaid, as follows:

- a. Date of deposit:
- b. Place of deposit (city and state):
- c. Addressed as follows:

I declare under penalty of perjury that the foregoing is true and correct and that this declaration is executed on (date) \_\_\_\_\_, at (place) \_\_\_\_\_, California.

\_\_\_\_\_

*Type or Print Name*

\_\_\_\_\_

*Signature*