Declaration submitt	ed by:		FOR C	COURT USE ONLY		
Name:						
Office/Agency/C						
Street Address:						
City, State:	de a m					
Telephone Num		150050				
	RIOR COURT OF CALIFORNIA, COUNTY OF N JUVENILE DIVISION	MERCED				
Department						
Street Address	,					
City & Zip Code						
Name of Mino	r: L	Date of Birth:				
	F OF SERVICE - PETITION TO TERMINA OFFENDER REGISTRATION—JUVENIL	ALC SEX	CASE NUMBE	R:		
Instructions		<u> </u>				
 This form Juvenile (l 	is for providing proof that a copy of a filed Petitio Local Form MSC-JV-004) and proof of current recement agencies and district attorney's offices.					
The perso least 18 years.	on who serves (delivers) a document or form in the ears old.	is case and who fills	s out this for	m must be at		
follow rule	is for proof of service by mail or personal delivery 2.251 of the California Rules of Court, and use I EFS-050).					
 File a com 	pleted form with the court. Keep a copy of this for	orm for your records	S.			
	e I served the Petition to Terminate Sex Offender urrent registration, I was at least 18 years old.	· Registration (Loca	I Form MSC-	-JV-004) and		
2. My Name	is:					
Last	First	Mid	dle			
My mailing	g address is:					
Street	City State		Zip			
registratio	opies of the Petition to Terminate Sex Offender F n filed (check one):		ille and proof	or current		
☐ for my	•		0 0 0 0 1 0			
	r personally delivered a filed-stamped copy of Pe Local Form MSC-JV-004) and proof of current re			_		
a. Regi	stering law enforcement agency:					
Nam	e of Agency:					
Addr	Street City		`toto	Zin		
	of service:	ა	State	Zip		
	nod of service <i>(check one)</i> : failed the documents to the district attorney's office	ce at the address at	hove in a sea	aled envelope from		
	•	iled the documents to the district attorney's office at the address above in a sealed envelope from by depositing the envelope with the U.S. Postal Service.				
	state): by depositive to the state by deposition of the state by depo		at <i>(time)</i> :	J. FUSIAI JEIVIUE.		
	e address above.		<u> </u>			

ASE NA	SE NAME		CASE NUMBER				
b.	District attorney (county of registration):						
	Name of Agency:						
	Address:	City	2				
	Street Date of service:	City	State	Zip			
	Method of service (check one):						
	Mailed the documents to the district attorney's office at the address above in a sealed envelope from						
	(city, state): Delivered in person to (name):	 · · ·	by depositing the envelope with the U.S. Postal Service. at (time):				
	at the address above.		at (<i>ume)</i>				
c.	Law enforcement agency (county of c	conviction):					
C.	Name of Agency:	onviction).					
	<u> </u>						
	Address: Street	City	State	Zip			
	Date of service:	<u>-</u>		•			
	Method of service (check one):						
	Mailed the documents to the district attorney's office at the address above in a sealed envelope from (city, state): by depositing the envelope with the U.S. Postal Service.						
	(city, state): Delivered in person to (name):	by depositing	at <i>(time)</i> :	.S. Postal Service.			
	at the address above.		at (iiiio)				
٦		٠١.					
d.	, , , , , , , , , , , , , , , , , , , ,	1).					
	Name of Agency:						
	Address:	0"	24.4				
	Street Date of service:	City	State	Zip			
	Method of service (check one):						
	☐ Mailed the documents to the district attorney's office at the address above in a sealed envelope from						
	(city, state):	by depositing	siting the envelope with the U.S. Postal Service.				
	Delivered in person to (name):		at <i>(time)</i> :				
	at the address above.						
	Check here if you served copies of the enforcement agencies and district at addresses, date of service, and method "MSC-JV-006, Item 4" on the top of	torney's offices. At od of service of eac	tach a separate page listi	ng the names,			
5. I de	clare under penalty of perjury under Calif	fornia state law that	the information above is	true and correct.			
Date: _							
	Type or print server's name		Server signs here	after serving			