

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and address)	<i>FOR COURT USE ONLY</i>
Attorney for (Name): <b>MERCED COUNTY SUPERIOR COURT</b> <input type="checkbox"/> 627 W. 21st Street, Merced, CA 95340 <input type="checkbox"/> 1159 "G" Street, Los Banos, CA 93635 <b>CIVIL DIVISION</b>	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
<b>EX PARTE APPLICATION AND DECLARATION TO SERVE                  SUMMONS BY POSTING FOR UNLAWFUL DETAINER</b>	

**APPLICATION**

Application is hereby made for an order directing that the Summons in this proceeding be served by posting a copy of it on the unlawfully detained premises by securely affixing it to the front door, which is the manner most likely to give actual notice of this proceeding to the Defendants herein, and that the court direct that a copy of the Summons and of the Complaint be forthwith sent by certified mail to the Defendants at their last known address. This application is made on the ground that Defendant cannot with reasonable diligence be served in any manner specified in Sections 415.10-415.50 of the Code of Civil Procedure, other than by posting.

**DECLARATION**

I, \_\_\_\_\_, hereby declare as follows:

1. I am the    Plaintiff    Plaintiff's attorney    Other (specify)\_\_\_\_\_
  
2. I apply for an order pursuant to Code Civ. Proc. §415.45 to permit service by posting of the summons and complaint on defendant(s). Specify name(s): \_\_\_\_\_  
 \_\_\_\_\_
  
3. The complaint seeks possession of property location at: \_\_\_\_\_  
 \_\_\_\_\_. The property is    residential    commercial.



CASE NAME	CASE NUMBER
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9. Did you pay a registered Unlawful Detainer Assistant (Bus. & Prof. Code §§6400-6415) to help you prepare this form? Yes No. If yes, completing the following information:

Name of Unlawful Detainer Assistant: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address (mailing address, city and zip code): \_\_\_\_\_

Registration #: \_\_\_\_\_ County of Registration: \_\_\_\_\_

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