

PARTY WITHOUT AN ATTORNEY (Name and Address):		TELEPHONE NO:	FOR COURT USE ONLY
<i>In Pro Per</i>			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED STREET ADDRESS: 627 W. 21st STREET MAILING ADDRESS: 627 W. 21st STREET CITY AND ZIP CODE: MERCED, CA 95340 BRANCH NAME: PROBATE			
GUARDIANSHIP OF THE PERSON ESTATE OF (NAME):		MINOR	CASE NUMBER
PROOF OF SERVICE FOR PERSONAL SERVICE OR BY NOTICE AND ACKNOWLEDMENT OF RECEIPT			

I declare that:

1. At the time of service I was at least 18 years of age and not a party to this legal action.
2. I am a resident of or employed in the county where the mailing occurred, if served by mail.
3. My business or residence address is: _____

4. I served copies of the following paper(s) in the manner shown below:

Petition for Appointment of Guardian of Minor	Petition for Appointment of Temporary Guardian
Notice of Hearing for _____	UCCJEA
Notice of Hearing for _____	Waiver of Notice
Consent of Guardian	Nomination of Guardian
Petition for Visitation – Guardianship	Petition for Modification of Visitation - Guardianship
Petition for Termination of Guardianship	Other: _____

5. Manner of service:

- a. Personal Service. I personally delivered the above papers to:

(1) Name of person served: _____

(2) Address where served: _____

(3) Date served: _____

(4) Time served: _____

- b. Mailed Service. I placed a sealed envelope containing the papers listed above, along with two copies of a Notice and Acknowledgement of Receipt and a self-addressed, stamped envelope, deposited with the United States Postal Service with postage fully prepaid to:

(1) Name of person served: _____

(2) Address to which documents were mailed: _____

(3) Date documents were mailed: _____

(4) City and State where mailing occurred: _____

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

DATE: _____

 (Type or Print Name) (Signature of Person who Served Papers)