

PARTY WITHOUT AN ATTORNEY (Name and Address):	TELEPHONE NO:	<i>FOR COURT USE ONLY</i>
<i>In Pro Per</i>		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED		
STREET ADDRESS: 627 W. 21 st Street MAILING ADDRESS: 627 W. 21 st Street CITY AND ZIP CODE: Merced, CA 95340 BRANCH NAME: Probate		
GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (NAME):		MINOR
PROOF OF SERVICE BY MAIL		
		CASE NUMBER

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.
3. My business or residence address is: _____

4. I served copies of the following paper(s):

<input type="checkbox"/> Petition for Appointment of Guardian of Minor	<input type="checkbox"/> Petition for Appointment of Temporary Guardian
<input type="checkbox"/> Notice of Hearing for _____	<input type="checkbox"/> UCCJEA
<input type="checkbox"/> Notice of Hearing for _____	<input type="checkbox"/> Waiver of Notice
<input type="checkbox"/> Consent of Guardian	<input type="checkbox"/> Nomination of Guardian
<input type="checkbox"/> Petition for Visitation – Guardianship	<input type="checkbox"/> Petition for Modification of Visitation - Guardianship
<input type="checkbox"/> Petition for Termination of Guardianship	<input type="checkbox"/> Other: _____
5. I served the above listed documents on each person named below by enclosing a copy in an envelope addressed as shown below AND
 - a. **depositing** the sealed envelope with the United States Postal Service on the date and at the place shown in item 6 with the postage fully prepaid.
 - b. **placing** the envelope for collection and mailing on the date and at the place shown in item 6 following our ordinary business practices. I am readily familiar with this business's practices for collection and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
6. a. Date Mailed: _____ b. Place mailed (city & state): _____

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)

NAME AND ADDRESSES OF EACH PERSON TO WHOM NOTICE WAS MAILED

	Name of person served	Address (number, street, city, state, and zip code)
1.		
2.		
3.		

Continued on page 2.

GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (NAME): <div style="text-align: right; margin-top: 10px;">MINOR</div>	CASE NUMBER
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ADDITIONAL PERSONS TO WHOM NOTICE WAS MAILED:

	Name of person served	Address (number, street, city, state, and zip code)
4.		
5.		
6.		
7.		
8.		
9.		
10.		