

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (pursuant to Welf. & Inst. Code, §§ 11475.1, 11478.2) (Name, state bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
PROOF OF PERSONAL SERVICE	CASE NUMBER: _____

1. This is a proof of service of a temporary or permanent restraining order regarding personal conduct, stayaway, or residence exclusion. (This information is required for the Domestic Violence Restraining Order Registry.)
2. I am over the age of 18, not a party to this action, and not a protected person listed in any of the orders.
3. Person served (name):
4. I served copies of the following documents (specify):

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

- a. Date: _____ b. Time: _____
- c. Address: _____

5. I am
 - a. not a registered California process server.
 - b. a registered California process server.
 - c. an employee or independent contractor of a registered California process server.
 - d. exempt from registration under Bus. & Prof. Code section 22350(b).
 - e. a California sheriff or marshal.

6. My name, address, and telephone number, and, if applicable, county of registration and number (specify):

7. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
8. I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date: _____

.....
 (TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS)

▶

 (SIGNATURE OF PERSON WHO SERVED THE PAPERS)

(See instructions on reverse)

Notary Acknowledgment

State of _____

County of _____

On _____ before me, _____, Notary

Public, Personally appeared _____,

Personally known to me - or- proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/her authorized capacity, and that by his/her signature on the instrument the person or the entity upon behalf of which the persons acted, executed the instrument.

WITNESS my hand and official seal. (Seal)

Signature of Notary

-----OPTIONAL-----

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

DESCRIPTION OF THE ATTACHED DOCUMENT

TITLE OR TYPE OF DOCUMENT

NUMBER OF PAGES

DATE OF DOCUMENT

INFORMATION SHEET FOR PROOF OF PERSONAL SERVICE (California Rules of Court, rule 1285.84)

Use these instructions to complete the *Proof of Personal Service* (form 1285.84).

A person 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Service by Mail* (form 1285.85) if the documents are being served by mail. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the Respondent and the Other Parent, you must complete two proofs of service, one for the Respondent and one for the Other Parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

1. Check this box if you are serving either a temporary or permanent restraining order.
2. You are stating that you are over the age of 18 and that you are neither a party of this action nor a protected person listed in any of the orders.
3. Print the name of the party to whom you handed the documents.
4. List the name of each document that you delivered to the party.
 - a. Write in the date that you delivered the documents to the party.
 - b. Write in the time of day that you delivered the documents to the party.
 - c. Print the address where you delivered the documents.
5. Check the box that applies to you. If you are a private person serving the documents for a party, check box "a."
6. Print your name, address, and telephone number. If applicable, include the county in which you are registered as a process server and your registration number.
7. You must check this box if you are not a California sheriff or marshal. You are stating under penalty of perjury that the information you have provided is true and correct.
8. Do not check this box unless you are a California sheriff or marshal.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the Family Law Facilitator in your county.