FL-330

|  |  |
| --- | --- |
| ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400,17406*(Name, State Bar number, and address):* | ***FOR COURT USE ONLY*** |
| TELEPHONE NO.: FAX NO. *(Optional):* |  |
| ATTORNEY FOR *(Name):* |  |
| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF** |  |
| STREET ADDRESS: |  |
| MAILING ADDRESS: |  |
| CITY AND ZIP CODE: |  |
| BRANCH NAME: |  |
| PETITIONER/PLAINTIFF: |  |
| RESPONDENT/DEFENDANT: |  |
|  |  |
| OTHER PARENT/PARTY: | CASE NUMBER: |
|  |
| **PROOF OF PERSONAL SERVICE** | HEARING DATE: | *(If applicable, provide):* |
|  | HEARING TIME: |  |
|  | DEPT.: |  |

1. I am at least 18 years old, not a party to this action, and not a protected person listed in any of the orders.
2. Person served *(name):*
3. I served copies of the following documents *(specify):*
4. By personally delivering copies to the person served, as follows:
	1. Date: b. Time:

c. Address:

1. I am a.

b.

c.

not a registered California process server. d. a registered California process server.

an employee or independent contractor of a e. registered California process server.

exempt from registration under Business & Profession Code section 22350(b).

a California sheriff or marshal.

1. My name, address, and telephone number, and, if applicable, county of registration and number *(specify):*
2. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
3. 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)

**Page 1 of 1**

[*www.courts.ca.gov*](http://www.courts.ca.gov/)

Form Approved for Optional Use Judicial Council of California

FL-330 [Rev. January 1, 2012]

**PROOF OF PERSONAL SERVICE** Code of Civil Procedure, § 1011

#

**For your protection and privacy, please press the Clear**

**This Form button after you have printed the form.**