

Attorney or Party without Attorney (Name, Address and Telephone number)	For Court Use Only
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS CITY AND ZIP CODE BRANCH NAME	
Case Name	
PROOF OF SERVICE BY MAIL	CASE NUMBER:

Hearing Date: _____

Time: _____

I am over the age of 18 and not a party to this action. My residence or business address is:

I served a copy of the following documents: _____

by placing a true copy of each document in the United States mail, in a sealed envelope with the postage fully prepaid, as follows:

- a. Date of mailing: _____
 - b. Place of mailing (city and state): _____
 - c. Name and address of person served: _____
- _____

At the time of service I was 18 years of age and not a party to this cause. I declare under penalty of perjury that the foregoing is true and correct and that this declaration is executed on (date)_____, at (city and state) .

Type or Print Name

Signature

PROOF OF SERVICE BY MAIL