

PARTY WITHOUT AN ATTORNEY (Name and Address): <i>In Pro Per</i>	TELEPHONE NO:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED STREET ADDRESS: 2260 N STREET MAILING ADDRESS: 627 W. 21st STREET CITY AND ZIP CODE: MERCED, CA 95340 BRANCH NAME:		
GUARDIANSHIP OF THE PERSON ESTATE OF (NAME): <div style="text-align: right;">MINOR</div>		
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):

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. 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 an attachment.