

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>):		TELEPHONE NO.:		FOR COURT USE ONLY	
ATTORNEY FOR (<i>NAME</i>):		Ref. No. or File No.:			
Insert name of court and name of judicial district and branch court if any:					
PLAINTIFF: DEFENDANT:					
DECLARATION OF DUE DILIGENCE WITH RETURN OF SERVICE		HEARING DATE:	HEARING TIME:	DEPT./DIV.:	CASE NUMBER:

ON (Date) _____ I received the papers specified on the attached.
 After careful INQUIRY and DUE DILIGENCE, I have been unable to effect
 personal service or substituted service thereof, within the meaning of CCP 415.10 and 415.20 on

NAME: _____

ATTEMPTS

LOCATION/DATE	TIME	RESPONSE
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At the time of above attempts, I was over the age of 18 years and not a party to this action. I, the undersigned, declare under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

Fee for Service: _____

Date: _____

(signature)

(print or type name)