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|--|--|--------------|------|--------|----------------------|----------------------|--|
| PARTY <input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT (Name, street address and mailing address). TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ | FOR COURT USE ONLY | | | | | | |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE _____ BRANCH NAME: _____ | | | | | | | |
| PLAINTIFF(name each) _____ h)DEFENDANT(name each): _____ | CASE NUMBER: _____ | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; text-align: center;">PROOF OF SERVICE (Small Claims)</td> <td style="width:15%;">HEARING DATE</td> <td style="width:15%;">DAY</td> <td style="width:15%;">TIME</td> <td style="width:15%;">DEPT..</td> <td style="width:20%;">Ref. No. or File No.</td> </tr> </table> | PROOF OF SERVICE (Small Claims) | HEARING DATE | DAY | TIME | DEPT.. | Ref. No. or File No. | |
| PROOF OF SERVICE (Small Claims) | HEARING DATE | DAY | TIME | DEPT.. | Ref. No. or File No. | | |

(Before you fill out this form, read Information for the Small Claims Plaintiff (form SC-150) for instructions. A separate proof of service is required for each party served.)

1. At the time of service I was at least 18 years of age and **not a party to this action.**

2. I served copies of the following:

- a. Plaintiff's Claim and ORDER to Go to Small Claims Court (form SC-100)
- b. Defendant's Claim and Order to Plaintiff (Small Claims) (form SC-120)
- c. Order of examination (check the form that was served):
 - (1) Application and Order To Produce Statement of Assets and to Appear for Examination (form SC-134)
 - (2) Application and Order for Appearance and Examination (form AT-138/EJ-125)

(The court may issue a warrant for failure to appear only if the order for examination is personally served by a registered process server, sheriff, marshal, or person specially appointed by the court-Code Civ. Proc., § 708.170.)

d. Other (specify documents):

3. a. Party served (specify name of party as shown on documents served):

b. Person actually served: (1) party in item 3a (2) other (specify name and relationship of the person served to the party named in item 3a):

4. Address where service was made:

5. I served the party (check all that apply):

- a. **by personal service.** I personally delivered the documents listed in item 2 to the party or to the person authorized to receive service of process for the party on (date): _____ at (time): _____
- b. **by substituted service.** On (date): _____ at (time): _____ **I left the documents listed in item 2a, b, or d with or in the presence of the person indicated in item 3b(2):**
 - (1) **(business or public entity)** a person at least 18 years of age apparently in charge of the office or usual place of business of the person to be served. I informed him or her of the general nature of the papers.
 - (2) **(home)** a competent member of the household (at least 18 years of age) at the dwelling house or usual place of abode of the party. I informed him or her of the general nature of the papers.
 - (3) **(physical address unknown)** a person at least 18 years of age apparently in charge at the usual mailing address of the person to be served, other than a United States Postal Service post office box. I informed him or her of the general nature of the papers.

AND MAILING

- (4) I thereafter mailed (by first-class, postage prepaid) copies of the documents to the person to be served at the place where the copies were left (Code Civ. Proc., § 415.20). I mailed the documents on (date): _____ from (city): _____

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|------------------------------|-------------|
| PLAINTIFF: DEFENDANT: | CASE NUMBER |
|------------------------------|-------------|

OR

5. b. (5) form SC-104A, Attachment to Form SC-104: *Proof of Mailing After Substituted Service (Small Claims)*, is attached. (If you did not mail copies of the documents in item 2, have the person who mailed them complete form SC-104A and attach.)

6. Person who served papers.

a. Name:

b. Address:

c. Telephone number:

d. The fee for service was \$

e. I am (check all that apply):


- (1) not a registered California process server.
- (2) exempt from registration under Business and Professions Code section 22350(b).
- (3) a registered California process server:
 - (a) owner employee independent contractor
 - (b) Registration no.:
 - (c) County:

7. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

or

8. I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date:

_____  _____
 (NAME OF PERSON WHO SERVED PAPERS/SHERIFF OR MARSHAL) (SIGNATURE)