

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> _____ TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER: JUDICIAL OFFICER:
PROOF OF ELECTRONIC SERVICE	DEPT.:

1. I am at least 18 years old and **not a party to this action.**

a. My residence or business address is *(specify):*

b. My electronic service address is *(specify):*

2. I electronically served the following documents *(exact titles):*

The documents served are listed in an attachment *(Form POS-050 (D)/EFS-050(D) may be used for this purpose.)*

3. I electronically served the documents listed in 2 as follows:

a. Name of person served:

On behalf of *(name or names of parties represented, if person served is an attorney):*

b. Electronic service address of person served:

c. On *(date):*

d. At *(time):*

The documents listed in item 2 were served electronically on the persons and in the manner described in an attachment. *(Form POS-050(P)/EFS-050(P) may be used for this purpose.)*

Date:

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

_____ _____
 (TYPE OR PRINT NAME OF DECLARANT) (SIGNATURE OF DECLARANT)