

<input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP   OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): _____  <div style="text-align: center;"> <input type="checkbox"/> MINOR   <input type="checkbox"/> (PROPOSED) CONSERVATEE       </div>	CASE NUMBER: _____
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**PROOF OF PERSONAL SERVICE OF NOTICE OF HEARING—GUARDIANSHIP OR CONSERVATORSHIP**

*(Attach a separate completed and signed copy of this form or other proof of personal service to Notice of Hearing—Guardianship or Conservatorship for each person who personally served a copy of the Notice.)*

1. I am over the age of 18 and not a party to this cause.
2. I served the attached *Notice of Hearing—Guardianship or Conservatorship* by personally delivering a copy to each person listed below at the address and on the date and time indicated below.
3.  I served with the attached *Notice of Hearing—Guardianship or Conservatorship* a copy of the petition or other document referred to in the Notice.
4.  I served with the attached *Notice of Hearing—Guardianship or Conservatorship* copies of the following documents (*specify*):

Continued on Attachment 4.

5. I am (*check all that apply*):
  - a.  not a registered California process server.
  - b.  a California sheriff or marshal.
  - c.  a registered California process server.
  - d.  an employee or independent contractor of a registered California process server.
  - e.  exempt from registration (Bus. & Prof. Code, § 22350(b)).
6. My name, address, telephone number, and, if applicable, county of registration and number, are (*specify*):

**NAME OF EACH PERSON PERSONALLY SERVED, ADDRESS WHERE SERVED, AND DATE AND TIME SERVICE WAS MADE**

	<u>Name</u>	<u>Address where served (number, street, city, and state)</u>	<u>Date and time service made</u>
1.			Date: _____ Time: _____
2.			Date: _____ Time: _____
3.			Date: _____ Time: _____
4.			Date: _____ Time: _____

List of names and addresses of persons personally served by the undersigned continued on an attachment.  
*(You may use Attachment to Notice of Hearing Proof of Personal Service, form DE-120(PA)/GC-020(PA), for this purpose.)*

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

**(For California sheriff or marshal use only)**  
**I certify** that the foregoing is true and correct

Date: \_\_\_\_\_

Date: \_\_\_\_\_

▶ \_\_\_\_\_

▶ \_\_\_\_\_

(SIGNATURE)

(SIGNATURE)