

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, state number, and address</i> ):  <hr/> TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR ( <i>Name</i> ): _____	FOR COURT USE ONLY
NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/ PETITIONER: DEFENDANT/ RESPONDENT:	
<b>DECLARATION OF LOST SUMMONS AFTER SERVICE</b>	CASE NUMBER: _____

1. At the time of service, I was at least eighteen (18) years of age and not a party to this action.
2. On (*date*): \_\_\_\_\_, I served a copy of a *Summons* together with (*specify documents*):

\_\_\_\_\_ on defendant/cross-defendant/respondent in this proceeding, in the manner described below.

3. Name of party served and title, if any:
4. Person with whom a copy of the *Summons* was left, and title or relationship to party served:
5. Mailing date and type of mail:
6. Address, city, and state (*when required, indicate whether address is home or business*):

7. Manner of service:

- a.  **Personal service.** By personally delivering copies to person served. (Code Civ. Proc., § 415.1 0.)
- b.  **Substituted service on a corporation or unincorporated association (including partnership or public entity).** By leaving, during usual office hours, copies in the office of the person served, with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (Code Civ. Proc., § 415.20(a).  
Place of mailing (*specify*): \_\_\_\_\_
- c.  **Substituted service on natural person, minor, or incompetent.** By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served with or in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (Code Civ. Proc., § 415.20(b).) Attached is a separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.  
Place of mailing (*specify*): \_\_\_\_\_
- d.  **Mail and acknowledgment of service.** By mailing (by first-class mail, postage prepaid) copies to the person served, together with two copies of the notice and acknowledgment provided for in Code of Civil Procedure section 415.30(b) and a return envelope, postage prepaid, addressed to the sender. (Code Civ. Proc., § 415.30.) Attached is a completed copy of the notice and acknowledgment of receipt mailed to the sender. Place of mailing (*specify*): \_\_\_\_\_

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e.  **Certified or registered mail service.** By mailing to an address outside California (by registered or certified mail with return receipt requested) copies to the person served. (Code Civ. Proc., § 415.40.) Attached is a signed return receipt or other evidence of actual delivery to the person served.  
 Place of mailing (*specify*):

f.  **Other.** Specify other manner of service and authorizing code sections:

Continued on Attachment 7f.

8. The following notice appeared on the copy of the *Summons* served (Code Civ. Proc., § 412.30, 415.10, or 474):

- a.  You are served as an individual defendant.
- b.  You are served as (or on behalf of) the person sued under the fictitious name of (*specify*):
- c.  You are served on behalf of (*specify*):
  - under: (1)  Code Civ. Proc., § 416.10 (corporation) (5)  Code Civ. Proc., § 416.60 (minor)
  - (2)  Code Civ. Proc., § 416.20 (defunct corporation) (6)  Code Civ. Proc., § 416.70 (conservatee)
  - (3)  Code Civ. Proc., § 416.40 (association/partnership) (7)  Code Civ. Proc., § 416.90 (individual)
  - (4)  By personal delivery on (*date*):

9. This declaration is returned in lieu of the original *Summons*.

10. Declarant's current address and telephone number are as follows:

- a. Address:
- b. Telephone number:

I declare under 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 DECLARANT)