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| ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> TELEPHONE NO.: _____ FAX NO.: _____ 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: DEFENDANT: EMPLOYEE: | |
| PROOF OF SERVICE BY MAIL OF COMPLETED RESPONSE (Workplace Violence) | CASE NUMBER: _____ |

Instructions to Defendant: *After having the plaintiff served by mail with any of the documents identified in item 2, have the person who mailed the documents complete this Proof of Service by Mail. Give the completed Proof to the clerk for filing. You cannot serve these papers. An unsigned copy of the Proof of Completed Response (Workplace Violence) should be attached to and served with the document.*

1. I am over the age of 18 and **not a party to this legal action**. I am a resident of or employed in the county where the mailing occurred. My residence **or** business address is *(specify)*:

2. I served a copy of the following documents:
 - a. Completed *Response to Petition of Employer for Injunction Prohibiting Violence or Threats of Violence Against Employee (Workplace Violence)* (form WV-110)
 - b. Other *(specify)*:

3. I deposited a true copy of each of the foregoing documents in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed and mailed as follows:
 - a. Name of person served:

 - b. Address:

 - c. Date of mailing:

 - d. Place of mailing *(city and state)*:

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)