

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <b>YOUR NAME</b> <b>ADDRESS</b> <b>CITY, STATE, ZIP CODE</b>  TELEPHONE NO.: <b>916.999.9999</b> E-MAIL ADDRESS (Optional): _____ FAX NO. (Optional): _____ ATTORNEY FOR (Name): <b>IN PRO PER</b>	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO</b> STREET ADDRESS: <b>720 NINTH STREET</b> MAILING ADDRESS: <b>720 NINTH STREET</b> CITY AND ZIP CODE: <b>SACRAMENTO, CA 95814</b> BRANCH NAME: <b>CIVIL</b>	
PETITIONER/PLAINTIFF: <b>NAME OF PLAINTIFF ON COMPLAINT</b> RESPONDENT/DEFENDANT: <b>NAME OF DEFENDANT ON COMPLAINT</b>	
<b>PROOF OF SERVICE BY FIRST-CLASS MAIL— CIVIL</b>	CASE NUMBER: <b>34-2010-00011111</b>

*(Do not use this Proof of Service to show service of a Summons and Complaint.)*

1. I am over 18 years of age and **not a party to this action**. I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:  
**BUSINESS OR HOME ADDRESS OF PERSON DOING THE MAILING**
3. On (date): **ENTER DATE OF MAILING** I mailed from (city and state): **SACRAMENTO, CA**  
 the following **documents** (specify):  
**NAME OF DOCUMENT/FORM BEING MAILED**  
 The documents are listed in the *Attachment to Proof of Service by First-Class Mail—Civil (Documents Served)* (form POS-030(D)).
4. I served the documents by enclosing them in an envelope and (check one):
  - a.  **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
  - b.  **placing** the envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
5. The envelope was addressed and mailed as follows:
  - a. **Name** of person served: **JOHN DOE (NAME OF OPPOSING PARTY OR IF REPRESENTED NAME OF OPPOSING PARTY'S ATTORNEY)**
  - b. **Address** of person served:  
**123 ANY STREET**  
**CITY, STATE, ZIP CODE** The name and address of each person to whom I mailed the documents is listed in the *Attachment to Proof of Service by First-Class Mail—Civil (Persons Served)* (POS-030(P)).

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

Date: **DATE OF MAILING**

**NAME OF PERSON DOING THE SERVICE**  
 \_\_\_\_\_  
(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)

\_\_\_\_\_  
(SIGNATURE OF PERSON COMPLETING THIS FORM)