PARTY WITHOUT ATTORNEY *or* ATTORNEY STATE BAR NO.:	*FOR COURT USE ONLY*
NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (*name*):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
PROOF OF SERVICE OF SUMMONS	CASE NUMBER:

1. At the time of service I was at least 18 years of age and not a party to this action. **I served the respondent with copies of:**
   a. ☐ Family Law: *Petition—Marriage/Domestic Partnership* (form FL-100), *Summons* (form FL-110), and blank *Response—Marriage/Domestic Partnership* (form FL-120)

   –or–

   b. ☐ Uniform Parentage: *Petition to Determine Parental Relationship* (form FL-200), *Summons* (form FL-210), and blank *Response to Petition to Determine Parental Relationship* (form FL-220)

   –or–

   c. ☐ Custody and Support: *Petition for Custody and Support of Minor Children* (form FL-260), *Summons* (form FL-210), and blank *Response to Petition for Custody and Support of Minor Children* (form FL-270)

   and

   d. ☐
   (1) ☐ Completed and blank *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105)
   (2) ☐ Completed and blank *Declaration of Disclosure* (form FL-140)
   (3) ☐ Completed and blank *Schedule of Assets and Debts* (form FL-142)
   (4) ☐ Completed and blank *Income and Expense Declaration* (form FL-150)
   (5) ☐ Completed and blank *Financial Statement (Simplified)* (form FL-155)
   (6) ☐ Completed and blank *Property Declaration* (form FL-160)
   (7) ☐ *Request for Order* (form FL-300), and blank *Responsive Declaration to Request for Order* (form FL-320)
   (8) ☐ Other *(specify):*

2. Address where respondent was served:

3. I served the respondent by the following means *(check proper boxes):*
   a. ☐ **Personal service.** I personally delivered the copies to the respondent (Code Civ. Proc., § 415.10)
   on *(date):* at *(time):*
   b. ☐ **Substituted service.** I left the copies with or in the presence of *(name):*
   who is *(specify title or relationship to respondent):*
   (1) ☐ **(Business)** a person at least 18 years of age who was apparently in charge at the office or usual place of business of the respondent. I informed the person of the general nature of the papers.
   (2) ☐ **(Home)** a competent member of the household (at least 18 years of age) at the home of the respondent. I informed the person of the general nature of the papers.
   on *(date):* at *(time):*
   I thereafter mailed additional copies (by first class, postage prepaid) to the respondent at the place where the copies were left (Code Civ. Proc., § 415.20b) on *(date):*

   A **declaration of diligence** is attached, stating the actions taken to first attempt personal service.

Form Approved for Optional Use
Judicial Council of California
FL-115 [Rev. January 1, 2021]

PROOF OF SERVICE OF SUMMONS
(Family Law—Uniform Parentage—Custody and Support)

Code of Civil Procedure, § 417.10
www.courts.ca.gov

PETITIONER: RESPONDENT:	CASE NUMBER:

3. c. ☐ **Mail and acknowledgment service.** I mailed the copies to the respondent, addressed as shown in item 2, by first-class mail, postage prepaid, on *(date):* from *(city):*

(1) ☐ with two copies of the *Notice and Acknowledgment of Receipt* (form FL-117) and a postage-paid return envelope addressed to me. **(Attach completed *Notice and Acknowledgment of Receipt* (form *FL-117*).)** (Code Civ. Proc., § 415.30.)

(2) ☐ to an address outside California (by registered or certified mail with return receipt requested). **(Attach signed return receipt or other evidence of actual delivery to the respondent.)** (Code Civ. Proc., §§ 415.40, 417.20.)

d. ☐ **Other** *(specify code section):*

☐ Continued on Attachment 3d.

4. **Person who served papers**

Name:

Address:

Telephone number:

This person is

a. ☐ exempt from registration under Business and Professions Code section 22350(b).

b. ☐ not a registered California process server.

c. ☐ a registered California process server: ☐ an employee or ☐ an independent contractor

(1) Registration no.:

(2) County:

(3) **The fee** for service was *(specify):* $

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

–or–

6. ☐ **I am a California sheriff, marshal, or constable**, and I certify that the foregoing is true and correct.

Date:

(NAME OF PERSON WHO SERVED PAPERS)

(SIGNATURE OF PERSON WHO SERVED PAPERS)

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