

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO. : E-MAIL ADDRESS: ATTORNEY FOR (name):	<p style="text-align: center;"><i>FOR COURT USE ONLY</i></p>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
Plaintiff/Petitioner: Defendant/Respondent:	CASE NUMBER:
<p style="text-align: center;">PROOF OF ELECTRONIC SERVICE</p>	JUDICIAL OFFICER:
	DEPARTMENT:

1. I am at least 18 years old.
 - a. My residence or business address is *(specify)*:

 - b. My electronic service address is *(specify)*:

2. I electronically served the following documents *(exact titles)*:

The documents served are listed in an attachment *(Form POS-050(D)/EFS-050(D) may be used for this purpose.)*

3. I electronically served the documents listed in 2 as follows:

a. Name of person served:
 On behalf of *(name or names of parties represented, if person served is an attorney)*:

b. Electronic service address of person served :

c. On *(date)*:

d. At *(time)*:

The documents listed in item 2 were served electronically on the persons and in the manner described in an attachment. *(Form POS-050(P)/EFS-050(P) may be used for this purpose.)*

Date:

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

 (TYPE OR PRINT NAME OF DECLARANT)



 (SIGNATURE OF DECLARANT)