	FL-1			
PARTY WITHOUT ATTORNEY or ATTORNEY STATE BAR NO.: NAME: Sally Smith	FOR COURT USE ONLY			
FIRM NAME: N/a				
STREET ADDRESS: 123 Main Street				
Since Sinc	A zip code: 92020			
TELEPHONE NO.: 619-440-4444 FAX NO.:				
E-MAIL ADDRESS:				
ATTORNEY FOR (name): Self-Represented Litigant				
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Diego				
STREET ADDRESS: 1100 Union Street				
MAILING ADDRESS: Same				
CITY AND ZIP CODE: San Diego, CA 92101				
BRANCH NAME: Central Division				
PETITIONER: Sally Smith				
,				
RESPONDENT: John Smith				
	CASE NUMBER:			
PROOF OF SERVICE OF SUMMO	NS OAGE NOMBER.			
1. At the time of service I was at least 18 years of age and not a				
	<i>ip</i> (form <u>FL-100</u>), <i>Summons</i> (form <u>FL-110</u>), and blank <i>Response</i> —			
Marriage/Domestic Partnership (form <u>FL-120</u>)				
	-or-			
b. Uniform Parentage: Petition to Determine Parental F	Relationship (form <u>FL-200</u>), Summons (form <u>FL-210</u>), and blank			
Response to Petition to Determine Parental Relation	nship (form <u>FL-220</u>)			
	-or-			
c. Custody and Support: Petition for Custody and Supp	port of Minor Children (form <u>FL-260</u>), Summons (form <u>FL-210</u>), and			
blank Response to Petition for Custody and Support	of Minor Children (form <u>FL-270</u>)			
and				
d. X (1) X Completed and blank <i>Declaration Under</i>	(5) Completed and blank Financial Statement			
Uniform Child Custody Jurisdiction and	(Simplified) (form FL-155)			
Enforcement Act (UCCJEA) (form FL-105)	<u> </u>			
(2) X Completed and blank Declaration of	Declaration (form FL-160) CP & SP			
Disclosure (form FL-140)	(7) Request for Order (form FL-300), and blank			
(3) Completed and blank Schedule of Assets	Responsive Declaration to Request for Order			
and Debts (form FL-142)	(form <u>FL-320</u>)			
(4) X Completed and blank <i>Income and</i>	(8) X Other (specify):			
Expense Declaration (form FL-150)	Family Law Certificate of Assignment; Notice of			
Expense Declaration (Ionni 1 L-130)	Case Assignment; Notice of CSC			
Address where respondent was served:	Case Assignment, Notice of COC			
250 E. Main Street				
El Cajon, CA 92020				
3. I served the respondent by the following means (check prope	·			
a. X Personal service. I personally delivered the copies	· · · · · · · · · · · · · · · · · · ·			
on (date): 10/31/21	at (time): 10:00 a.m.			
b. Substituted service. I left the copies with or in the presence of (name):				
who is (specify title or relationship to respondent):				
	ge 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 informed the person of the general nature of the papers.				
				on (data):
on (date):	at (time):			
	postage prepaid) to the respondent at the place where the			
copies were left (Code Civ. Proc., § 415.20b) on (de				
A declaration of diligence is attached stating the	actions taken to first attempt personal service			

	PETITIONER: Sa	ally Smith	CASE NUMBER:		
	RESPONDENT: Jo	hn Smith			
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: Randy Jones Address: 4320 Spring Street Spring Valley, CA 91977				
	Telephone number: 6	619-579-1080			
	b. a registered C (1) Registrat (2) County:	· — · · · —	ndependent contractor		
5	5. X I declare under p	penalty of perjury under the laws of the State of California that the for	regoing is true and correct.		
		-or-			
6	5. 🔲 I am a California	sheriff, marshal, or constable, and I certify that the foregoing is tr	ue and correct.		
Е	Date: 10/31/21				
	Randy Jones				
	(NAME	E OF PERSON WHO SERVED PAPERS) (S	SIGNATURE OF PERSON WHO SERVED PAPERS)		

	FL-1			
PARTY WITHOUT ATTORNEY OF ATTORNEY STATE BAR NO NAME: Sally Smith	.: FOR COURT USE ONLY			
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CITY: El Cajon STATE: C	A ZIP CODE: 92020			
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L Wallist B. C. B. W. et B. C. C. C.	-or-			
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Response to Petition to Determine Parental Relation				
Custody and Cupport, Potition for Custody and Cup	-Or-			
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d. X (1) Completed and blank Declaration Under	and (5) Completed and blank <i>Financial Statement</i>			
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Enforcement Act (UCCJEA) (form <u>FL-105</u>				
<u> </u>	Declaration (form FL-160)			
(2) Completed and blank Declaration of Disclosure (form FL-140)	(7) Request for Order (form <u>FL-300</u>), and blank			
(3) Completed and blank Schedule of Assets				
and Debts (form FL-142)	(form <u>FL-320</u>)			
(4) Completed and blank <i>Income and</i>	(8) \(\times \) Other (specify):			
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2. Address where respondent was served:	Case 7 losignment, 140tice of CCC			
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El Cajon, CA 92020				
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informed the person of the general nature of the papers.				
on <i>(date):</i>	at (time):			
	postage prepaid) to the respondent at the place where the			
copies were left (Code Civ. Proc., § 415.20b) on <i>(date):</i>				
A declaration of diligence is attached, stating the actions taken to first attempt personal service.				

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5	5. X I declare under p	penalty of perjury under the laws of the State of California that the for	regoing is true and correct.		
		-or-			
6	5. 🔲 I am a California	sheriff, marshal, or constable, and I certify that the foregoing is tr	ue and correct.		
Е	Date: 10/31/21				
	Randy Jones				
	(NAME	E OF PERSON WHO SERVED PAPERS) (S	SIGNATURE OF PERSON WHO SERVED PAPERS)		