				000	
	ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) (Name, State Bar number, and address):		FOR COURT USE ONLY		
	- Sally Smith				
	123 Main Street				
	El Cajon, CA 92020				
	TELEPHONE NO.: 619-440-4444 FAX NO.:				
	ATTORNEY FOR (Name): Self-Represented Litigant				
S	SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Diego				
	STREET ADDRESS: 1100 Union Street				
	MAILING ADDRESS: Same				
	CITY AND ZIP CODE: San Diego, CA 92101				
L	BRANCH NAME: Central Division				
	PETITIONER/PLAINTIFF:Sally Smith	CASE NUMBER:			
F	RESPONDENT/DEFENDANT:John Smith	-	//f applicable_provide):		
		HEARING DATE:	(If applicable, provide):		
	OTHER PARENT/PARTY:	HEARING TIME:			
	PROOF OF PERSONAL SERVICE	DEPT.:			
 4. 	Request for Order, FCS Screening Form, Declaration, blank Responsive Declaration 4. By personally delivering copies to the person served, as follows: a. Date: 03/15/22 b. Time: 12:00 p.m. c. Address: 500 Third Avenue Chula Vista, CA 91910				
5.	 5. I am a.				
6.	My name, address, and telephone number, and, if applicable, county of registration and r Randy Jones 4320 Spring Street Spring Valley, CA 91977 619-579-1080	number (<i>specif</i> y	<i>י):</i>		
8.	I declare under penalty of perjury under the laws of the State of California that the following I am a California sheriff or marshal and I certify that the foregoing is true and correct late: Date of signing		and correct.		
B	andy Jones				
	•	ATURE OF PERSON V	VHO SERVED THE PAPERS)		