

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  <b>Sally Smith</b> 123 Main Street El Cajon, CA 92020 TELEPHONE NO.: 619-440-4444      FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): <b>Self-Represented Litigant</b>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Diego</b> STREET ADDRESS: 1100 Union Street MAILING ADDRESS: <b>Same</b> CITY AND ZIP CODE: <b>San Diego, CA 92101</b> BRANCH NAME: <b>Central Division</b>	
PETITIONER/PLAINTIFF: <b>Sally Smith</b>  RESPONDENT/DEFENDANT: <b>John Smith</b>  OTHER PARENT/PARTY:	CASE NUMBER:  (If applicable, provide):  HEARING DATE: HEARING TIME: DEPT.:
<b>PROOF OF SERVICE BY MAIL</b>	

**NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).**

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:  
 4320 Spring Street  
 Spring Valley, CA 91977
3. I served a copy of the following documents (*specify*) :  
 Request for Order, FCS Screening Form, Declaration, blank Responsive Declaration

by enclosing them in an envelope AND

- a.  **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
  - b.  **placing** the envelope for collection and mailing on the date and at the place shown in item 4 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.
4. The envelope was addressed and mailed as follows:
    - a. Name of person served: **John Smith**
    - b. Address: **500 First Avenue  
San Diego, CA 92101**
    - c. Date mailed: **03/15/22**
    - d. Place of mailing (*city and state*): **Spring Valley, CA**
  5.  I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. (*Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order* (form FL-334) may be used for this purpose.)
  6. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **Date of signing**

**Randy Jones** \_\_\_\_\_  
 (TYPE OR PRINT NAME)

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