

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO: NAME: FIRM NAME: Sally Smith STREET ADDRESS: 123 Main Street CITY: El Cajon STATE: CA ZIP CODE: 92020 TELEPHONE NO.: 619-440-4444 FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): Self-Represented Litigant	FOR COURT USE ONLY
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	CASE NUMBER:
PLAINTIFF/PETITIONER: Sally Smith DEFENDANT/RESPONDENT: John Smith	JUDICIAL OFFICER:
PROOF OF ELECTRONIC SERVICE	DEPARTMENT:

1. I am at least 18 years old.
 - a. My residence or business address is (specify):
 4320 Spring Street
 Spring Valley, CA 91977
 - b. My electronic service address is (specify):
 rjones@yahoo.com

2. I electronically served the following documents (exact titles):
 Request for Order, FCS Screening Form, Declaration, blank Responsive Declaration

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: **John Smith**
 On behalf of (name or names of parties represented, if person served is an attorney):
 - b. Electronic service address of person served: **john.smith@gmail.com**
 - c. On (date): **03/15/22**

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: Date of signing

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

Randy Jones

(TYPE OR PRINT NAME OF DECLARANT)



(SIGNATURE OF DECLARANT)