

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address)		<i>For Court Use Only</i>
TELEPHONE NO.: _____ FAX NO. (Optional): _____		
E-MAIL ADDRESS (Optional): _____		
ATTORNEY FOR (Name): _____		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MENDOCINO</b>		
<input type="checkbox"/> UKIAH Courthouse 100 North State Street Ukiah, CA 95482	<input type="checkbox"/> TEN MILE Branch Court 700 South Franklin Street Fort Bragg, CA 95437	
PLAINTIFF: PEOPLE OF THE STATE OF CALIFORNIA		CASE NUMBER:
DEFENDANT:		HEARING DATE:
<b>PROOF OF SERVICE</b>		TIME:
		DEPARTMENT:

1. I am over 18 years of age.
2. I served the following documents (*specify*): "Request to Calendar Case"
3. ☐ I personally delivered a true copy thereof and caused such to be delivered by hand to the District Attorney's Office at the address, date, and time stated:
  - a. Address: ☐ Courthouse Room # G-10, Ukiah, CA 95482  
☐ Courthouse Room # 144, Fort Bragg, CA 95437
  - b. Date:
  - c. Time:
4. ☐ I placed a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid in the United States mail addressed to the Mendocino County District Attorney at:
 

☐ PO Box 1000, Ukiah, CA 95482  
☐ Ten Mile Justice Center, 700 South Franklin Street, Room #148, Fort Bragg, CA 95437
5. My name, address, telephone number:
  - a. Name:
  - b. Address:
  - c. Telephone number:
6. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
(TYPE/PRINT NAME OF PERSON WHO SERVED THE PAPERS)

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\_\_\_\_\_  
(SIGNATURE OF PERSON WHO SERVED THE PAPERS)