

CHILD'S NAME:	CASE NUMBER:
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**ADDITIONAL PROOF OF SERVICE - ATTACHMENT**

I served a copy of the Motion for Transfer on the following persons or entities by personally delivering a copy to the person served, OR by emailing the document to an agreed upon email address of the person served, OR by faxing the document to the fax number provided by the person served, OR by delivering a copy to a competent adult at the usual place of residence or business of the person served and thereafter mailing a copy by first-class mail to the person served at the place where the copy was delivered, OR by placing a copy in a sealed envelope and depositing the envelope directly in the U.S. mail with postage prepaid or at my place of business for same-day collection and mailing with the U.S. mail, following our ordinary business practices with which I am readily familiar:

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| <p>1. <input type="checkbox"/> a. Name and address:</p> <p style="margin-left: 20px;">b. Date of service:</p> <p style="margin-left: 20px;">c. Method of service:</p> | <p><input type="checkbox"/> Attorney</p> <p>a. Name and address:</p> <p style="margin-left: 20px;">b. Date of service:</p> <p style="margin-left: 20px;">c. Method of service:</p> |
| <p>2. <input type="checkbox"/> a. Name and address:</p> <p style="margin-left: 20px;">b. Date of service:</p> <p style="margin-left: 20px;">c. Method of service:</p> | <p><input type="checkbox"/> Attorney</p> <p>a. Name and address:</p> <p style="margin-left: 20px;">b. Date of service:</p> <p style="margin-left: 20px;">c. Method of service:</p> |
| <p>3. <input type="checkbox"/> a. Name and address:</p> <p style="margin-left: 20px;">b. Date of service:</p> <p style="margin-left: 20px;">c. Method of service:</p> | <p><input type="checkbox"/> Attorney</p> <p>a. Name and address:</p> <p style="margin-left: 20px;">b. Date of service:</p> <p style="margin-left: 20px;">c. Method of service:</p> |
| <p>4. <input type="checkbox"/> a. Name and address:</p> <p style="margin-left: 20px;">b. Date of service:</p> <p style="margin-left: 20px;">c. Method of service:</p> | <p><input type="checkbox"/> Attorney</p> <p>a. Name and address:</p> <p style="margin-left: 20px;">b. Date of service:</p> <p style="margin-left: 20px;">c. Method of service:</p> |
5. At the time of service, I was at least 18 years of age and not a party to this cause. I am a resident of, or employed in, the county where the mailing occurred. My residence or business address is *(specify)*:

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

Date:

(TYPE OR PRINT NAME)		(SIGNATURE)
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