

NAME, ADDRESS, AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY:	STATE BAR NUMBER	Reserved for Clerk's File Stamp
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES		
COURTHOUSE ADDRESS:		
CONTESTANT: ADDRESS:		
TELEPHONE NUMBER:		
PROCESSING AGENCY: ADDRESS:		
TELEPHONE NUMBER:		
PROOF OF SERVICE NOTICE OF APPEAL - ADMINISTRATIVE HEARING		CASE NUMBER:

1. At the time of service I was over 18 years of age.
2. My residence or business address is: _____

3. Citation Number of case being appealed: _____.
4. Type of Service:

BY MAIL

On _____, I served the Notice of Appeal – Administrative Hearing, in this case
(DATE)
by placing a copy thereof, enclosed in a separate, sealed envelope with first class postage prepaid, in the
United States mail at _____, in the county of _____,
(CITY)
State of California, said envelope having been addressed as follows:
Processing Agency: _____
Street address: _____
City, State, Zip Code: _____

At the time of mailing, I was employed or resided in the county where said mailing occurred.

PERSONAL SERVICE

On _____, I personally delivered a copy of the Notice of Appeal –
(DATE)
Administrative Hearing, to the Processing Agency at the address below:
Processing Agency: _____
Street address: _____
City, State, Zip Code: _____

5. Executed on _____ at _____, California.
(DATE) (CITY)
- I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Dated: _____
Signature of Contestant