

ATTORNEY OR PETITIONER WITHOUT ATTORNEY (Name, State Bar number and address): TELEPHONE NUMBER: _____ FAX NUMBER (Optional): _____ ATTORNEY FOR (Name): _____	Reserved for Clerk's File Stamp
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES COURTHOUSE NAME: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE	
PETITIONER:	
PROOF OF SERVICE OF PETITION (Penal Code Section 851.87)	SEALING PETITION NUMBER:

1. I am over the age of 18 and **not a party to this action.**
2. I served the following document:

Petition to Seal Records of Arresting Agency and Related Court Files and Records Pursuant to Penal Code Section 851.87

3. I served a copy of the petition on _____ as follows:
(Date)

- By Personal Service:** I served the documents on the person(s) shown below.
- By Mail:** I served the documents by enclosing them in an envelope and depositing the sealed envelope with the United States Postal Service with the postage fully prepaid to the person(s) shown below.

Prosecuting Agency:

Name:
Address:
Time (Provide if Personal Service used):

Law Enforcement Agency:

Name:
Address:
Time (Provide if Personal Service used):

4. I am:
 - a. not a registered California process server.
 - b. a registered California process server.
 - c. an employee or independent contractor of a California process server.
 - d. a California Sheriff

5. My name address, telephone number and, if applicable, county of registration :

6. 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 of person who served the papers)

(Signature of person who served the papers)

**PROOF OF SERVICE OF PETITION
(Penal Code Section 851.87)**