ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
·	
TELEPHONE NO.: FAX NO.:	
E-MAIL ADDRESS: ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA	
200 South G Street	
Madera, CA 93637 Criminal Division	
PEOPLE OF THE STATE OF CALIFORNIA	
VC	
VS.	
DEFENDANT:	
PROOF OF SERVICE - CRIMINAL	CACE NUMBER
Check method of service:	CASE NUMBER:
PERSONAL SERVICE SERVICE BY MAIL	
DIRECTIONS: This form is only for providing proof that a document or form was served (document or form was served)	elivered). The person who serves (delivers) a
document or form in this case and who fills out this form must be at least 18 years old	This form is for proof of service by mail or
personal delivery. A completed form should be filed with court. Keep a copy of this form for	
Person serving. I am over the age of 18 and not a party to this action.	
Name:	
Address	
Telephone:	
т стернопе.	
2. I served (delivered) a copy of the following document or form (fill in the name of the document you are serving):	
3. The documents were served by the following means (check either a or b below):	
a. Personal Service: I personally delivered the documents to the perso	ns at the addresses listed below:
a i ersonal dervice. I personally delivered the documents to the person	no at the addresses listed below.
(1) Name of person served:	
(2) Address where served:	
(3) Date served:	
(4) Time served:	
b Comice by mails I enclosed the decrease in a cooled consider	colone addressed to the manner halour
b. Service by mail: I enclosed the documents in a sealed envelope or p by depositing them with the United States Postal Service or placing the	
The envelope was addressed as follows:	
(1) Name of person served:(2) Address:	
(2) / (4)	
(3) Date of mailing:	
(4) Place of mailing (city and state):	
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Data:	
Date:	
(Type or print name)	(Signature of Server)