

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA 200 South G Street Madera, CA 93637 Criminal Division	
PEOPLE OF THE STATE OF CALIFORNIA VS. DEFENDANT: _____	
PROOF OF SERVICE <input type="checkbox"/> PERSONAL SERVICE <input type="checkbox"/> SERVICE BY MAIL	
CASE NUMBER: _____	

This is a proof of service of a Petition for Expungement of DNA Profiles and Samples Penal Code § 299

DIRECTIONS: A copy of the Petition must be served upon the District Attorney who prosecuted your case AND to the DNA Laboratory of the California Department of Justice (DOJ). After the petition has been served, the original and a copy of this form (Proof of Service) must be filed with the court.

1. Person serving. I am over the age of 18 and not a party to this action.

Name: _____
 Address _____

Telephone: _____

2. I served a copy of the Petition for Expungement of DNA Profiles and Samples Penal Code § 299 as follows:
 (check either *a* or *b* below):

a. **Personal Service:**
 to the person or agency at the address listed below:

- (1) Name of person or agency served:
- (2) Address where served:

- (3) Date served:
- (4) Time served:

b. **Service by mail:**
 in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

- (1) Name of person or agency served:
- (2) Address:

- (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.

Date: _____

 (Type or print name)

 (Signature)