

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 Notice of Petition and Petition for Relief under Penal Code 1210(e)(1)

DIRECTIONS: A copy of the Petition must be served upon the District Attorney who prosecuted your case AND the Probation Department. 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 Notice of Petition and Petition for Relief under Penal Code 1210(e)(1) 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)