

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, state bar number, and address</i> ):   TELEPHONE NO: _____ FAX NO.: _____ E-MAIL ADDRESS ( <i>optional</i> ): _____ ATTORNEY FOR ( <i>Name</i> ): _____	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA • COUNTY OF MADERA</b> <b>Juvenile Division</b> 200 South G Street Madera, CA 93637	
<b>In the Matter of:</b>	
<b>PROOF OF SERVICE-SEX OFFENDER REGISTRATION TERMINATION</b> (PC §290.5)	<b>CASE NUMBER:</b>

- This form is for providing proof that a copy of a filed *Petition to Terminate Sex Offender Registration* (form MAD-JUV-017), and proof of current registration was served (delivered) to the required law enforcement agencies and district attorney’s offices. Read *Frequently Asked Questions: California Tiered Sex Offender Registration (Senate Bill 384) For Registrants* available at <https://www.oag.ca.gov/sites/all/files/agweb/pdfs/csor/registrant-fags.pdf> for more information.
- 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. For proof of electronic service, read and follow rule 2.251 of the California Rules of Court, and use Proof of Electronic Service ([form POS-050/EF5-050](#)).
- File a completed form with the court. Keep a copy of this form for your records

1. At the time I served the *Petition to Terminate Sex Offender Registration* (form MAD-JUV-017) and proof of current registration, I was at least 18 years old.

2. My name is: \_\_\_\_\_  
 My mailing address is:

\_\_\_\_\_

*Street* *City* *State* *Zip*

3. I served copies of the *Petition to Terminate Sex Offender Registration* and proof of current registration filed (*check one*):

for myself       on behalf of (*name of petitioner*): \_\_\_\_\_

4. I mailed or personally delivered a filed-stamped copy of *Petition to Terminate Sex Offender Registration* (form MAD-JUV-017) and proof of current registration to the agencies listed below:

**a. Registering law enforcement agency**

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

*Street* *City* *State* *Zip*

Date of service: \_\_\_\_\_

Method of service (*check one*):

Mailed the documents to the agency at the address above in a sealed envelope from (*city, state*): \_\_\_\_\_ by depositing the envelope with the U.S. Postal Service or

Delivered in person to (*name*): \_\_\_\_\_ at (*time*): \_\_\_\_\_ at the address above.

**b. District attorney (county of registration):**

County of: \_\_\_\_\_  
Address: \_\_\_\_\_  
*Street City State Zip*

Date of service: \_\_\_\_\_

Method of service (check one):

Mailed the documents to the district attorney's office at the address above in a sealed envelope from (city, state): \_\_\_\_\_ by depositing the envelope with the U.S. Postal Service or

Delivered in person to (name): \_\_\_\_\_ at (time): \_\_\_\_\_ at the address above.

**c. Law enforcement agency (county of conviction, if different than county of registration)**

Name of Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
*Street City State Zip*

Date of service: \_\_\_\_\_

Method of service (check one):

Mailed the documents to the agency at the address above in a sealed envelope from (city, state): \_\_\_\_\_ by depositing the envelope with the U.S. Postal Service or

Delivered in person to (name): \_\_\_\_\_ at (time): \_\_\_\_\_ at the address above.

**d. District attorney (county of conviction, if different than county of registration)**

County of: \_\_\_\_\_  
Address: \_\_\_\_\_  
*Street City State Zip*

Date of service: \_\_\_\_\_

Method of service (check one):

Mailed the documents to the district attorney's office at the address above in a sealed envelope from (city, state): \_\_\_\_\_ by depositing the envelope with the U.S. Postal Service or

Delivered in person to (name): \_\_\_\_\_ at (time): \_\_\_\_\_ at the address above.

Check here if you served copies of the petition and proof of current registration to additional law enforcement agencies and district attorney's offices. Attach a separate page listing the names, addresses, date of service, and method of service of each additional copy you served. Write "MAD-JUV-018, Item 4" on the top of the page.

5. I declare under penalty of perjury under California state law that the information above is true and correct.

Date:

\_\_\_\_\_  
(Type or print server's name)

\_\_\_\_\_  
(Server signs here after serving)