

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name & Address): Telephone No.: _____ Fax No. (Optional): _____ E-Mail Address (Optional): _____ Bar No.: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE CENTRAL JUSTICE CENTER 700 CIVIC CENTER DRIVE WEST POST OFFICE BOX 22024 SANTA ANA, CA 92702-2024	
In the Matter of the Application of _____ Type Petitioner's full name – First Middle Last and Suffix, if applicable	
<p style="text-align: center;">PROOF OF SERVICE Petition for Certificate of Rehabilitation and Pardon</p>	CASE NUMBER: M -

TO BE COMPLETED BY THE PERSON SERVING.
THE PERSON SERVING MUST NOT BE THE PETITIONER.
(This is a two-page form - Complete both pages)

Check all applicable boxes:

- I am over the age of 18 years and am not a party to this action.

My Name _____
My Address _____

- I served a copy of the Notice of Filing of Petition for Certificate of Rehabilitation and Pardon, the Petition for Certificate of Rehabilitation and Pardon and any attachments thereto on the:

ORANGE COUNTY DISTRICT ATTORNEY
401 CIVIC CENTER DRIVE WEST
SANTA ANA, CA 92701

- By Personal Service:**
On _____ (date), I personally delivered a copy of the Notice, Petition and attachments to the address above. The name of the person who received the copies is _____
OR

- By Mail:**
On _____ (date), I personally mailed a copy of the Notice, Petition and attachments to the address above, by placing it in a sealed envelope with postage thereon fully prepaid into the United States mail at _____ (place of mailing).

PROOF OF SERVICE
PETITION FOR REHABILITATION AND PARDON

Name:	Case Number: M-
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_____ **COUNTY DISTRICT ATTORNEY**
(ADDRESS) _____
(ADDRESS) _____

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OR

By Mail:

On _____ (date), I personally mailed a copy of the Notice, Petition and attachments to the address above, by placing it in a sealed envelope with postage thereon fully prepaid into the United States mail at _____ (place of mailing).

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 SERVING)

PROOF OF SERVICE
PETITION FOR REHABILITATION AND PARDON