

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO: _____ FAX NO. (Optional) _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MENDOCINO ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PEOPLE OF THE STATE OF CALIFORNIA, RESPONDENT/DEFENDANT:	CASE NUMBER: _____ HEARING DATE: TIME: _____ DEPT.: _____
PROOF OF SERVICE	

1. I am over 18 years of age.
 2. I served the following documents (*specify*): **“Request to Calendar Case”**
 3. I personally delivered a true copy thereof and caused such to be delivered by hand to the District Attorney Office at the address, date, and time stated:
 - a. Address: Courthouse Room # G-6, Ukiah, CA. 95482
 Courthouse Room # 144, Fort Bragg, CA. 95437
 - b. Date:
 - c. Time:
 4. I placed a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid in the United States mail at Ukiah, CA. 95482 addressed to:

Name: District Attorney
 Address: P.O. Box 1000
 Ukiah, CA. 95482
 5. My name, address, telephone number:
 - a. Name:
 - b. Address:
 - c. Telephone number:
 6. 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 WHO SERVED THE PAPERS)