

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name & Address):  Telephone No.: _____ Fax No. (Optional): _____ E-Mail Address (Optional): _____ ATTORNEY FOR (Name): _____ Bar No: _____	<i>FOR COURT USE ONLY</i>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF HUMBOLDT</b>  825 FIFTH STREET EUREKA, CA 95501	
<b>IN THE MATTER OF THE APPLICATION OF</b>  _____ Petitioner's full name - First, Middle, Last	
<b>PROOF OF SERVICE</b>  Petition for Certificate of Rehabilitation and Pardon	CASE NUMBER:

**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 the within action.  
 My Name \_\_\_\_\_  
 My Address \_\_\_\_\_  
 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:

**GOVERNOR OF THE STATE OF CALIFORNIA**  
 DEPARTMENT OF LEGAL AFFAIRS  
 STATE CAPITOL BUILDING  
 1303 10TH ST  
 SACRAMENTO CA 95814-4910

- 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:
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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:

**HUMBOLDT COUNTY DISTRICT ATTORNEY**  
 825 FIFTH STREET  
 EUREKA, CA 95501

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\_\_\_\_\_ **COUNTY DISTRICT ATTORNEY**  
 (ADDRESS) \_\_\_\_\_  
 (ADDRESS) \_\_\_\_\_

**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).

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