ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name & Address)*:	*FOR COURT USE ONLY*
Telephone No.: Fax No. (Optional): E-Mail Address (Optional): ATTORNEY FOR *(Name):* Bar No:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF HUMBOLDT 825 FIFTH STREET EUREKA, CA 95501	
IN THE MATTER OF THE APPLICATION OF _____ Petitioner's full name - First, Middle, Last	
PROOF OF SERVICE 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).

Name:	Case Number:

☐ 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

☐ **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 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:

_____ **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