

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar Number and Address)</i> TELEPHONE NO.: _____ FAX NO. <i>(Optional)</i> : _____ E-MAIL ADDRESS <i>(Optional)</i> : _____ ATTORNEY FOR <i>(Name)</i> : _____	<i>For Court Use Only</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MENDOCINO	
<input type="checkbox"/> UKIAH Courthouse 100 North State Street Ukiah, CA 95482	<input type="checkbox"/> TEN MILE Branch Court 700 South Franklin Street Fort Bragg, CA 95437
PLAINTIFF: PEOPLE OF THE STATE OF CALIFORNIA DEFENDANT: _____	CASE NUMBER: _____ HEARING DATE: _____
PROOF OF SERVICE	
TIME: _____ DEPARTMENT: _____	

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's Office at the address, date, and time stated:
 - a. Address: Courthouse Room # G-6, Ukiah, CA 95482
 Courthouse Room # 148, 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 addressed to the Mendocino County District Attorney at:
 - PO Box 1000, Ukiah, CA 95482
 - Ten Mile Justice Center, 700 South Franklin Street, Room #148, Fort Bragg, CA 95437
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/PRINT NAME OF PERSON WHO SERVED THE PAPERS)



 (SIGNATURE OF PERSON WHO SERVED THE PAPERS)