Choose a location

ATTORNEY OR PARTY WITHOUT ATTORNEY: *(NAME AND ADDRESS)* TELEPHONE NO.:	*FOR COURT USE ONLY*
ATTORNEY FOR *(NAME):*	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
CERTIFICATE OF SERVICE BY MAIL	CASE NUMBER:

1. At the time of service I was at least 18 years of age and not a party to this action, and I served copies of the *(Specify documents)*:

2. The person serving has a residence or business address in the County where the mailing occurred.

3. a. Party served *(specify name of party as shown on the documents served)*:

   b. Address of party served:

4. I served the party named in item 3a by mailing the copies to the address as shown in item 3b by first-class mail, enclosed in a separate, sealed envelope with postage prepaid in the United States mail at _____ (City) County of Santa Barbara

   on _____ (Date).

5. Person serving *(name, address and 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: _____ _____ Signature

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