

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	<i>FOR COURT USE ONLY</i> CRIMINAL CASE NUMBER: FAMILY/ CIVIL CASE NUMBER:
PEOPLE OF THE STATE OF CALIFORNIA vs. DEFENDANT:	
PROOF OF SERVICE BY MAIL	

Protected Persons' Name: _____

Restrained Persons' Name: _____

Notice to Server – You must:

- Be 18 or over.
- Not be listed as a Protected Person or Party on the Civil restraining order or Criminal Protective Order.
- Mail a copy of the forms checked below to the people or organizations checked below.

I placed a copy of the forms checked below in the mail in a sealed envelope:

- Request and Order for Hearing on Protective Order Modification (form #CR-6003)
- Protective Order in a Criminal Proceeding (form #CR-160)

and mailed them as follows:

- a. Date mailed: _____
- b. Mailed from (City): _____ (State): _____
- c. Mailed to: (Check everyone who was involved in the original case. Put the name and address):

Defendant (Restrained Person):

Protected Person: _____

Deputy District Attorney: _____

Defense Attorney: _____

Adult Probation: _____

Other: _____

I am not a registered process server. I am over the age of 18. I declare under penalty of perjury under the laws of the state of California that the information on this form is true and correct.

Date: _____

Type or Printer Server's Name Here

Server to Sign Here