





Information on choosing a newspaper for publication, and a list of newspapers (attached).



# How to Choose a Newspaper for Publishing?

The Application form and the Order form you fill out in this packet ask you to choose the newspaper you want to use to publish your legal forms.

You ask the Judge permission to publish the legal forms to serve the other person when you can't find them to let them know you've started a case.

If the judge approves your request (signs the Order), it means you can use that newspaper to publish your legal forms.

The attached list of newspapers are local newspapers. Sometimes you need to publish in a newspaper in other Counties in California, other States or other Countries.

## The general rules about publishing are:

### **Respondent lived in Santa Clara County –**

If the respondent (the other party) was last known to live in Santa Clara County, you will have to publish in a newspaper in Santa Clara County.

### **Respondent lived in another County in California –**

If the respondent (the other party) was last known to be in another County in California (not Santa Clara County), you will have to publish in a newspaper in that County.

For example, if respondent last lived in Los Angeles, the judge will order you to publish in a newspaper in Los Angeles.

### **Respondent lived outside California –**

If the respondent was last known to be in another state or country, the judge has a choice: you can be ordered to publish in a newspaper of that other state or county, or you may be allowed to publish in a local newspaper (one of the papers on the attached list). To find a legal newspaper in another State a local legal newspaper may be able to help you.

For example, if you last knew that respondent was in Minnesota, the judge might order you to publish in a Minnesota newspaper, or the judge might let you publish in a local newspaper (one of the papers on the attached list).

SANTA CLARA SUPERIOR COURT RULES

The following list is not intended to be an exclusive listing of newspapers of general circulation.

<u>Newspaper</u>	<u>Phone No.</u>	<u>Fax No.</u>	<u>Publishes</u>	<u>Pickup</u>	<u>Est. Fees</u>
CAMPBELL EXPRESS Campbell	408-374-9700 Deadline: Friday by 5:00 p.m.	408-374-0813	Wednesday	No	\$185.00
CUPERTINO COURIER Cupertino	408-200-1024 Deadline: Friday at 12:00 noon E-mail: legalads@SVCN.com	408-200-1010	Wednesday	No	\$327.00
GILROY DISPATCH Gilroy San Martin	408-842-6400 Deadline for Tues.: Thurs. at 2:00 p.m. Deadline for Fri.: Tues. at 2:00 p.m. E-mail: legals@svnewspapers.com	408-842-3817	Tues./Fri.	No	\$300.00
LOS ALTOS TOWN CRIER Los Altos Los Altos Hills	650-948-9000 Deadline: Thursday at 12 noon (unless holiday Friday or Monday)	650-948-9213	Wednesday	No	\$300-\$325
LOS GATOS WEEKLY TIMES Los Gatos Monte Sereno	408-200-1024 Deadline: Friday at 12:00 noon E-mail: legalads@SVCN.com	408-200-1010	Wednesday	No	\$327.00
MILPITAS POST Milpitas	408-262-2454 x23 Deadline: Wednesday at 5:00 p.m. (8 days) prior	408-263-9710	Thursday	No	\$331.00
MORGAN HILL TIMES Morgan Hill San Martin Coyote	408-842-6400 Deadline for Tues.: Thurs. at 2:00 p.m. Deadline for Fri.: Tues. at 2:00 p.m. E-mail: legals@svnewspapers.com	408-842-3817	Tues./Fri.	No	\$300.00
MOUNTAIN VIEW VOICE Mountain View	650-326-8210 x239 Deadline: Friday (1 week) prior	650-326-3928	Friday	No	\$441.00
PALO ALTO WEEKLY Palo Alto	650-326-8210 x239 Deadline: Tues. at 12:00 noon	650-326-3928	Friday	No	\$441.00
SAN JOSE CITY TIMES San Jose	408-200-1024 Deadline: Friday at 12:00 noon E-mail: legalads@SVCN.com	408-200-1010	Wednesday	No	\$117.00
SAN JOSE POST-RECORD Mountain View San Jose	408-287-4866 Deadline: 3 days prior E-mail: fay_locsin@dailyjournal.com	408-287-2544	Tues./Wed./Fri.	Yes	\$145.00
SANTA CLARA WEEKLY Santa Clara	408-243-2000 Deadline: Friday E-mail: scweekly@ix.netcom.com	408-243-1408	Wednesday	No	\$350.00
SARATOGA NEWS Saratoga	408-200-1024 Deadline: Friday at 12:00 noon E-mail: legalads@SVCN.com	408-200-1010	Wednesday	No	\$327.00
SUNNYVALE SUN Sunnyvale	408-200-1024 Deadline: Friday at 12:00 noon E-mail: legalads@SVCN.com	408-200-1010	Wednesday	No	\$327.00

Eff. 1/01/10

**THESE ARE THE DOCUMENTS  
YOU HAVE TO COMPLETE,  
COPY AND FILE.**





ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name and Address): _____ TELEPHONE NUMBER: _____  FAX NUMBER: _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA</b> STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PLAINTIFF/PETITIONER: _____  DEFENDANT/RESPONDENT: _____	APJ: _____  DEPT: _____
<b>APPLICATION FOR ORDER FOR PUBLICATION OR POSTING OF SUMMONS</b>	CASE NUMBER: _____

1. **Publication Request:** I \_\_\_\_\_ am the Petitioner in this case and request that the Court issue an order directing service of the Summons and Petition in the following newspaper:

Newspaper for PUBLICATION: \_\_\_\_\_

\_\_\_\_\_  
(Write in name of proposed newspaper where Respondent is most likely to receive actual notice)

2. **Posting Request:** I \_\_\_\_\_ am the Petitioner in this case and request that the Court issue an order directing service of the Summons and Petition at the location listed below. To request posting, you must file a Request to Waive Court Fees, FW-001. If the Court sets a hearing, at the hearing the Court may order service by Publication, if the Petitioner does not meet the Court's financial criteria.

Posting LOCATION: \_\_\_\_\_

\_\_\_\_\_  
**Courthouse, Government Building or Law Enforcement Office for POSTING**

(Write in name, city, and state of proposed site to post where Respondent is most likely to receive actual notice)

3. **The Summons and Petition, which is for (mark one):**

Dissolution/Separation/Nullity of Marriage or Domestic Partnership (Family Law),

Parental Relationship (Uniform Parentage), or  Petition for Custody and Support of Minor Children  
was filed on \_\_\_\_\_ (write in date forms were file stamped).

PETITIONER:	CASE NUMBER:
RESPONDENT:	

- 4. The Respondent cannot with reasonable diligence be served in another manner specified in Code of Civil Procedure sections 415.10 through 415.40 based on the declaration below.
- 5. **Declaration** (List what you did to find Respondent and include dates and results of search):
  - Continued on the attached declaration

I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct.

Date: \_\_\_\_\_ Petitioner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Attorney's Signature: \_\_\_\_\_

Case Name:	Case Number:
------------	--------------

**FAMILY**

Relation	Person Contacted	Date Called	Phone #	Response Received

**FRIENDS**

Relation/ Address	Person Contacted	Date Called	Phone #	Response Received

**PRESENT AND PREVIOUS EMPLOYMENT**

EMPLOYER	Person Contacted	Date Called	Phone #	Response Received

**PHONEBOOK LISTINGS**

Directory Name	Person Contacted	Date Called	Phone #	Response Received



**Only complete form FW-001  
Application for Waiver of Court  
Fees and Costs, if you are asking  
to serve by *posting*.**

**You are NOT required to fill this  
form out if you are asking to serve  
by *publication*.**



If you are getting public benefits, are a low-income person, or do not have enough income to pay for household's basic needs and your court fees, you may use this form to ask the court to waive all or part of your court fees. The court may order you to answer questions about your finances. If the court waives the fees, you may still have to pay later if:

- You cannot give the court proof of your eligibility,
- Your financial situation improves during this case, or
- You settle your civil case for **\$10,000** or more. The trial court that waives your fees will have a lien on any such settlement in the amount of the waived fees and costs. The court may also charge you any collection costs.

Clerk stamps date here when form is filed.

Fill in court name and street address:

Fill in case number and name:

Case Number:

Case Name:

**1 Your Information** (person asking the court to waive the fees):

Name: \_\_\_\_\_

Street or mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

**2 Your Job**, if you have one (job title): \_\_\_\_\_

Name of employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

**3 Your lawyer**, if you have one (name, firm or affiliation, address, phone number, and State Bar number):

a. The lawyer has agreed to advance all or a portion of your fees or costs (check one): Yes  No

b. (If yes, your lawyer must sign here) Lawyer's signature: \_\_\_\_\_

*If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.*

**4 What court's fees or costs are you asking to be waived?**

- Superior Court (See *Information Sheet on Waiver of Superior Court Fees and Costs* (form FW-001-INFO).)
- Supreme Court, Court of Appeal, or Appellate Division of Superior Court (See *Information Sheet on Waiver of Appellate Court Fees and Costs* (form APP-015/FW-015-INFO).)

**5 Why are you asking the court to waive your court fees?**

- a.  I receive (check all that apply):  Medi-Cal  Food Stamps  SSI  SSP  County Relief/General Assistance  IHSS (In-Home Supportive Services)  CalWORKS or Tribal TANF (Tribal Temporary Assistance for Needy Families)  CAPI (Cash Assistance Program for Aged, Blind and Disabled)
- b.  My gross monthly household income (before deductions for taxes) is less than the amount listed below. (If you check 5b you must fill out 7, 8 and 9 on page 2 of this form.)

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people at home, add \$375 for each extra person.
1	\$1,083.54	3	\$1,888.34	5	\$2,583.34	
2	\$1,458.34	4	\$2,208.34	6	\$2,958.34	

c.  I do not have enough income to pay for my household's basic needs and the court fees. I ask the court to (check one):  waive all court fees  waive some of the court fees  let me make payments over time (Explain): \_\_\_\_\_ (If you check 5c, you must fill out page 2.)

**6**  Check here if you asked the court to waive your court fees for this case in the last six months. (If your previous request is reasonably available, please attach it to this form and check here:  )

**I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form and all attachments is true and correct.**

Date: \_\_\_\_\_

Print your name here

Sign here

Case Number: \_\_\_\_\_

Your name: \_\_\_\_\_

If you checked 5a on page 1, do not fill out below. If you checked 5b, fill out questions 7, 8, and 9 only. If you checked 5c, you **must** fill out this entire page. If you need more space, attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top.

7  Check here if your income changes a lot from month to month. Fill out below based on your average income for the past 12 months.

8 Your Monthly Income

- a. Gross monthly income (before deductions): \$ \_\_\_\_\_
List each payroll deduction and amount below:
(1) \_\_\_\_\_ \$ \_\_\_\_\_
(2) \_\_\_\_\_ \$ \_\_\_\_\_
(3) \_\_\_\_\_ \$ \_\_\_\_\_
(4) \_\_\_\_\_ \$ \_\_\_\_\_
b. Total deductions (add 8a (1)-(4) above): \$ \_\_\_\_\_
c. Total monthly take-home pay (8a minus 8b): \$ \_\_\_\_\_
d. List the source and amount of any other income you get each month, including: spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.
(1) \_\_\_\_\_ \$ \_\_\_\_\_
(2) \_\_\_\_\_ \$ \_\_\_\_\_
(3) \_\_\_\_\_ \$ \_\_\_\_\_
(4) \_\_\_\_\_ \$ \_\_\_\_\_
e. Your total monthly income is (8c plus 8d): \$ \_\_\_\_\_

9 Household Income

- a. List all other persons living in your home and their income; include only your spouse and all individuals who depend in whole or in part on you for support, or on whom you depend in whole or in part for support.
Table with columns: Name, Age, Relationship, Gross Monthly Income
(1) \_\_\_\_\_ \$ \_\_\_\_\_
(2) \_\_\_\_\_ \$ \_\_\_\_\_
(3) \_\_\_\_\_ \$ \_\_\_\_\_
(4) \_\_\_\_\_ \$ \_\_\_\_\_
b. Total monthly income of persons above: \$ \_\_\_\_\_

Total monthly income and household income (8e plus 9b): \$ \_\_\_\_\_

To list any other facts you want the court to know, such as unusual medical expenses, family emergencies, etc., attach form MC-025. Or attach a sheet of paper, and write Financial Information and your name and case number at the top. Check here if you attach another page. 
Important! If your financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010.

10 Your Money and Property

- a. Cash ----- \$ \_\_\_\_\_
b. All financial accounts (List bank name and amount):
(1) \_\_\_\_\_ \$ \_\_\_\_\_
(2) \_\_\_\_\_ \$ \_\_\_\_\_
(3) \_\_\_\_\_ \$ \_\_\_\_\_
(4) \_\_\_\_\_ \$ \_\_\_\_\_
c. Cars, boats, and other vehicles
Table with columns: Make / Year, Fair Market Value, How Much You Still Owe
(1) \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
(2) \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
(3) \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
d. Real estate
Table with columns: Address, Fair Market Value, How Much You Still Owe
(1) \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
(2) \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
(3) \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):
Table with columns: Describe, Fair Market Value, How Much You Still Owe
(1) \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
(2) \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
(3) \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

11 Your Monthly Expenses

- (Do not include payroll deductions you already listed in 8b.)
a. Rent or house payment & maintenance \$ \_\_\_\_\_
b. Food and household supplies \$ \_\_\_\_\_
c. Utilities and telephone \$ \_\_\_\_\_
d. Clothing \$ \_\_\_\_\_
e. Laundry and cleaning \$ \_\_\_\_\_
f. Medical and dental expenses \$ \_\_\_\_\_
g. Insurance (life, health, accident, etc.) \$ \_\_\_\_\_
h. School, child care \$ \_\_\_\_\_
i. Child, spousal support (another marriage) \$ \_\_\_\_\_
j. Transportation, gas, auto repair and insurance \$ \_\_\_\_\_
k. Installment payments (list each below):
Paid to:
(1) \_\_\_\_\_ \$ \_\_\_\_\_
(2) \_\_\_\_\_ \$ \_\_\_\_\_
(3) \_\_\_\_\_ \$ \_\_\_\_\_
l. Wages/earnings withheld by court order \$ \_\_\_\_\_
m. Any other monthly expenses (list each below):
Paid to: How Much?
(1) \_\_\_\_\_ \$ \_\_\_\_\_
(2) \_\_\_\_\_ \$ \_\_\_\_\_
(3) \_\_\_\_\_ \$ \_\_\_\_\_
Total monthly expenses (add 11a -11m above): \$ \_\_\_\_\_



ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name and Address):  TELEPHONE NUMBER:  FAX NUMBER:  ATTORNEY FOR (Name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER:  DEFENDANT/RESPONDENT:	APJ:  DEPT:
<b>ORDER FOR PUBLICATION OR POSTING</b>	CASE NUMBER:

**Publication Granted:** The Court finds that the Respondent cannot be served in any other manner specified in the California Code of Civil Procedure. The Court orders that the Summons and Petition be served by publication in the newspaper listed below. Publication must occur at least once a week for four successive weeks.

---

**Posting Granted:** The Court finds that the Respondent cannot be served in any other manner specified in the California Code of Civil Procedure and that the Petitioner cannot afford to serve by Publication. The Court orders that the Summons and Petition be served by posting at the location listed below. Posting must occur for at least 30 days.

---

**Publishing Denied:** The Court denies the request to publish.

- Other methods of service are possible
- Insufficient attempts to locate the Respondent.

**Posting Denied:** The Court denies the request to post.

- Other methods of service are possible.
- Insufficient attempts to locate the Respondent.

**Hearing Required:** The Court orders that a hearing be set to determine the Petitioner's financial circumstances. If at this hearing the Court decides that the Petitioner does not qualify for Posting, based on financial circumstances, then the Court may order that the Summons and Petition be served by Publication.

The Petitioner should appear in Court at:

- 170 Park Avenue, San Jose, CA 95113       605 W. El Camino Real, Sunnyvale, CA 94087
- 301 Diana Avenue, Morgan Hill, CA 95037

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Dept: \_\_\_\_\_

If during the time of Publication or Posting you locate the Respondent's address you must have someone 18 years or older mail the Summons, Petition and Order for Publication to the Respondent. The server must complete and file with the Court a Proof of Service of Mail, FL-335.

Date: \_\_\_\_\_

\_\_\_\_\_  
Judicial Officer

PLAINTIFF/PETITIONER:	CASE NUMBER:
DEFENDANT/RESPONDENT:	

### INSTRUCTIONS

**Publication:** After publication is complete, the newspaper will send you a receipt and copy of the publication notice that appeared in the newspaper. You must take this receipt and publication notice and attach it to a Proof of Service Summons, Form FL-115. The Proof of Service Summons must be filed with the Clerk's Office at 170 Park Avenue, San Jose, CA; 301 Diana Avenue, Morgan Hill, CA 95037 or at 605 W. El Camino Real, Sunnyvale, CA. If the newspaper sends the receipt and publication notice directly to the Court, you do not have to complete the Proof of Service Summons FL-115. Service by publication is complete, and the 30-day response period starts to run, on the 28<sup>th</sup> day following the first day of publication in the newspaper starts.

**Posting:** You must have someone 18 years or older post a copy of the Summons and Petition in the place that is designated for posting in the above approved location. This same person must mail a copy to the Respondent at their last known address. The person who posts and mails must complete Verification of Posting of Summons form FM-1024, stating the date, time and location of the posting and mail service. This form must be attached to the Proof of Service of Summons, FL-115. The Proof of Service of Summons, Form FL-115, must be filed with the Clerk's Office at 170 Park Avenue, San Jose, CA; 301 Diana Avenue, Morgan Hill, CA 95037 or at 605 W. El Camino Real, Sunnyvale, CA, or at. Service by publication is complete, and the 30-day response period starts to run on the 31<sup>st</sup> day after posting. You may apply to finish your case, through the default process, on the 61<sup>st</sup> day after posting starts.

**Clear This Form**

# **PROOF OF SERVICE**

## **Serving by PUBLICATION**

If the court made an order allowing you to serve by **PUBLICATION**, complete this form and attach the proof of publishing you received from the newspaper.

*(Note: if the newspaper sends proof directly to the court you do not need to fill out this form.)*



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address) :     TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): <b>Self-represented</b>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER:  RESPONDENT:	
<b>PROOF OF SERVICE OF SUMMONS</b>	CASE NUMBER:

1. At the time of service I was at least 18 years of age and not a party to this action. **I served the respondent with copies of:**
- a.  Family Law: *Petition* (form FL-100), *Summons* (form FL-110), and blank *Response* (form FL-120)
  - or-
  - b.  Family Law- Domestic Partnership: *Petition-Domestic Partnership* (form FL-103), *Summons* (form FL-110), and blank *Response - Domestic Partnership* (form FL-123)
  - or-
  - c.  Uniform Parentage: *Petition to Establish Parental Relationship* (form FL-200), *Summons* (form FL-210), and blank *Response to Petition to Establish Parental Relationship* (form FL-220)
  - or-
  - d.  Custody and Support: *Petition for Custody and Support of Minor Children* (form FL-260), *Summons* (form FL-210), and blank *Response to Petition for Custody and Support of Minor Children* (form FL-270)
  - and
  - e.  (1)  Completed and blank *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act* (form FL-105)      (5)  Completed and blank *Financial Statement (Simplified)* (form FL-155)
  - (2)  Completed and blank *Declaration of Disclosure* (form FL-140)      (6)  Completed and blank *Property Declaration* (form FL-160)
  - (3)  Completed and blank *Schedule of Assets and Debts* (form FL-142)      (7)  *Order to Show Cause* (form FL-300), *Application for Order and Supporting Declaration* (form FL-310), and blank *Responsive Declaration to Order to Show Cause or Notice of Motion* (form FL-320)
  - (4)  Completed and blank *Income and Expense Declaration* (form FL-150)      (8)  Other (specify) :

2. Address where respondent was served:

**(SERVICE BY PUBLICATION)**

3. I served the respondent by the following means (check proper box) :
- a.  **Personal service.** I personally delivered the copies to the respondent (Code Civ. Proc., § 415.10) on (date): \_\_\_\_\_ at (time): \_\_\_\_\_
  - b.  **Substituted service.** I left the copies with or in the presence of (name) : \_\_\_\_\_ who is (specify title or relationship to respondent) : \_\_\_\_\_
    - (1)  **(Business)** a person at least 18 years of age who was apparently in charge at the office or usual place of business of the respondent. I informed him or her of the general nature of the papers
    - (2)  **(Home)** a competent member of the household (at least 18 years of age) at the home of the respondent. I informed him or her of the general nature of the papers

PETITIONER:	CASE NUMBER:
RESPONDENT:	

3. b. (cont.) on (date): \_\_\_\_\_ at (time): \_\_\_\_\_  
 I thereafter mailed additional copies (by first class, postage prepaid) to the respondent at the place where the copies were left (Code Civ. Proc., § 415.20b) on (date): \_\_\_\_\_  
 A **declaration of diligence** is attached, stating the actions taken to first attempt personal service.
- c.  **Mail and acknowledgment service.** I mailed the copies to the respondent, addressed as shown in item 2, by first-class mail, postage prepaid, on (date): \_\_\_\_\_ from (city): \_\_\_\_\_  
 (1)  with two copies of the *Notice and Acknowledgment of Receipt (Family Law)* (form FL-117) and a postage-paid return envelope addressed to me. (**Attach completed *Notice and Acknowledgment of Receipt (Family Law)* (form FL-117).**) (Code Civ. Proc., § 415.30.)  
 (2)  to an address outside California (by registered or certified mail with return receipt requested). (**Attach signed return receipt or other evidence of actual delivery to the respondent.**) (Code Civ. Proc., § 415.40.)
- d.  **Other (specify code section): CCP 415.50 (SERVICE BY PUBLICATION)**  
 Continued on Attachment 3d.
4. The "NOTICE TO THE PERSON SERVED" on the *Summons* was completed as follows (Code Civ. Proc., §§ 412.30, 415.10, 474):  
 a.  As an individual **or**  
 b.  On behalf of respondent who is a  
 (1)  minor. (Code Civ. Proc., § 416.60.)  
 (2)  ward or conservatee. (Code Civ. Proc., § 416.70.)  
 (3)  other (specify) :

5. **Person who served papers**  
 Name: **(SERVICE BY PUBLICATION)**  
 Address: **(SERVICE BY PUBLICATION)**

Telephone number:

This person is

- a.  exempt from registration under Business and Professions Code section 22350(b).  
 b.  not a registered California process server.  
 c.  a registered California process server:  an employee or  an independent contractor  
 (1) Registration no.: \_\_\_\_\_  
 (2) County: \_\_\_\_\_  
 d. **The fee** for service was (specify) : \$ \_\_\_\_\_
6.  **I declare** under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
- or-
7.  **I am a California sheriff, marshal, or constable**, and I certify that the foregoing is true and correct.

Date: **(SERVICE BY PUBLICATION)**

**(SERVICE BY PUBLICATION)**  
 \_\_\_\_\_  
(NAME OF PERSON WHO SERVED PAPERS)

► **(SERVICE BY PUBLICATION)**  
 \_\_\_\_\_  
(SIGNATURE OF PERSON WHO SERVED PAPERS)

# **PROOF OF SERVICE**

## **Service by POSTING**

If the court made an order allowing you to serve by **POSTING**, have someone over 18, not you, post a filed copy of the forms you originally filed (Summons and Petition) at the approved location, and then complete the next two forms.





ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address) :   TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): <b>Self-represented</b>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER:  RESPONDENT:	
<b>PROOF OF SERVICE OF SUMMONS</b>	CASE NUMBER:

1. At the time of service I was at least 18 years of age and not a party to this action. **I served the respondent with copies of:**
- a.  Family Law: *Petition* (form FL-100), *Summons* (form FL-110), and blank *Response* (form FL-120)
  - or-
  - b.  Family Law- Domestic Partnership: *Petition-Domestic Partnership* (form FL-103), *Summons* (form FL-110), and blank *Response - Domestic Partnership* (form FL-123)
  - or-
  - c.  Uniform Parentage: *Petition to Establish Parental Relationship* (form FL-200), *Summons* (form FL-210), and blank *Response to Petition to Establish Parental Relationship* (form FL-220)
  - or-
  - d.  Custody and Support: *Petition for Custody and Support of Minor Children* (form FL-260), *Summons* (form FL-210), and blank *Response to Petition for Custody and Support of Minor Children* (form FL-270)
  - and
  - e.  (1)  Completed and blank *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act* (form FL-105)      (5)  Completed and blank *Financial Statement (Simplified)* (form FL-155)
  - (2)  Completed and blank *Declaration of Disclosure* (form FL-140)      (6)  Completed and blank *Property Declaration* (form FL-160)
  - (3)  Completed and blank *Schedule of Assets and Debts* (form FL-142)      (7)  *Order to Show Cause* (form FL-300), *Application for Order and Supporting Declaration* (form FL-310), and blank *Responsive Declaration to Order to Show Cause or Notice of Motion* (form FL-320)
  - (4)  Completed and blank *Income and Expense Declaration* (form FL-150)      (8)  Other (specify) :

2. Address where respondent was served:

**(SERVICE BY POSTING)**

3. I served the respondent by the following means (check proper box) :
- a.  **Personal service.** I personally delivered the copies to the respondent (Code Civ. Proc., § 415.10) on (date): \_\_\_\_\_ at (time): \_\_\_\_\_
  - b.  **Substituted service.** I left the copies with or in the presence of (name) : \_\_\_\_\_ who is (specify title or relationship to respondent) : \_\_\_\_\_
    - (1)  **(Business)** a person at least 18 years of age who was apparently in charge at the office or usual place of business of the respondent. I informed him or her of the general nature of the papers
    - (2)  **(Home)** a competent member of the household (at least 18 years of age) at the home of the respondent. I informed him or her of the general nature of the papers

PETITIONER:	CASE NUMBER:
RESPONDENT:	

3. b. (cont.) on (date): \_\_\_\_\_ at (time): \_\_\_\_\_  
 I thereafter mailed additional copies (by first class, postage prepaid) to the respondent at the place where the copies were left (Code Civ. Proc., § 415.20b) on (date): \_\_\_\_\_  
 A **declaration of diligence** is attached, stating the actions taken to first attempt personal service.

- c.  **Mail and acknowledgment service.** I mailed the copies to the respondent, addressed as shown in item 2, by first-class mail, postage prepaid, on (date): \_\_\_\_\_ from (city): \_\_\_\_\_
- (1)  with two copies of the *Notice and Acknowledgment of Receipt (Family Law)* (form FL-117) and a postage-paid return envelope addressed to me. (**Attach completed *Notice and Acknowledgment of Receipt (Family Law)* (form FL-117).**) (Code Civ. Proc., § 415.30.)
- (2)  to an address outside California (by registered or certified mail with return receipt requested). (**Attach signed return receipt or other evidence of actual delivery to the respondent.**) (Code Civ. Proc., § 415.40.)
- d.  **Other (specify code section): **Service by Posting Local Rule 1, Section J****  
 Continued on Attachment 3d.

4. The "NOTICE TO THE PERSON SERVED" on the *Summons* was completed as follows (Code Civ. Proc., §§ 412.30, 415.10, 474):

a.  As an individual **or**

b.  On behalf of respondent who is a

(1)  minor. (Code Civ. Proc., § 416.60.)

(2)  ward or conservatee. (Code Civ. Proc., § 416.70.)

(3)  other (specify) :

5. **Person who served papers**

Name:  
 Address:

Telephone number:

This person is

- a.  exempt from registration under Business and Professions Code section 22350(b).
- b.  not a registered California process server.
- c.  a registered California process server:  an employee or  an independent contractor
- (1) Registration no.:
- (2) County:
- d. **The fee** for service was (specify) : \$

6.  **I declare** under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

-or-

7.  **I am a California sheriff, marshal, or constable**, and I certify that the foregoing is true and correct.

Date:

\_\_\_\_\_  
 (NAME OF PERSON WHO SERVED PAPERS)

▶

\_\_\_\_\_  
 (SIGNATURE OF PERSON WHO SERVED PAPERS)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address) :   TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): <b>Self-represented</b>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA</b> STREET ADDRESS: 170 Park Center Plaza MAILING ADDRESS: 191 North First Street CITY, STATE & ZIP CODE: San Jose, CA 95113 BRANCH NAME: Family	
PETITIONER:	APJ:
RESPONDENT:	DEPT:
<b>VERIFICATION OF SERVICE BY POSTING SUMMONS</b>	CASE NUMBER:

1. I am over the age of 18 and not a party to this case. My name is \_\_\_\_\_  
 My address is \_\_\_\_\_  
(WRITE IN STREET ADDRESS, CITY AND STATE WHERE YOU LIVE)
2. On \_\_\_\_\_ (date) from \_\_\_\_\_ (city and state), I mailed a filed copy of the Summons and Petition to Respondent's last known address. I mailed the Petition and Summons to Respondent's last known address at: \_\_\_\_\_
3. On \_\_\_\_\_ (date) at \_\_\_\_\_ (time)  
 I posted a filed copy of the Summons and Petition on the designated bulletin board at: \_\_\_\_\_  
(NAME OF LOCATION POSTED AND ADDRESS).

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
 PRINT YOUR NAME HERE

\_\_\_\_\_  
 SIGN YOUR NAME HERE

**Notice to Petitioner:**

**This verification must be attached to Proof of Service of Summons, Form FL-115, before filing.**