

Name: Address: City: State: Zip Code: Telephone: Attorney for/Pro Per:	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SHASTA MAILING ADDRESS: 1500 Court Street, Room 219 STREET ADDRESS: 1500 Court Street, Room 219 CITY AND ZIP CODE: Redding, CA 96001	
PEOPLE OF THE STATE OF CALIFORNIA v. DEFENDANT:	
PROOF OF SERVICE <input type="checkbox"/> Personal Service <input type="checkbox"/> Service by Mail	Case Number:

1. Person serving: I am over the age of 18 and not a party to this action.

Name: _____
Address: _____
Telephone: _____

2. I served a copy of the Petition/Application for Resentencing or Reduction to Infraction as follows:
(Choose one)

a. **Personal Service:** I personally delivered the Petition/Application for Resentencing or Reduction to Infraction to the person at the address listed below:

Name of person served: _____
Address where served: _____
Date Served: _____
Time Served: _____ a p.m.

b. **Service by Mail:** I deposited the Petition/Application for Resentencing or Reduction to Infraction in the United States mail, in a sealed envelope with first class postage fully prepaid. The envelope was addressed as follows:

Name of person served: _____
Address: _____
Date of Mailing: _____
Place of Mailing (city and state): _____

I declare to the best of my information and belief that the foregoing is true and correct.

Date: _____

(Signature of Declarant)

(Printed Name of Declarant)