

TRIBAL SPOKESPERSON, ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (<i>Name</i>): _____	FOR TRIBAL COURT USE ONLY
TRIBAL COURT OF: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
PROOF OF SERVICE OF SUMMONS	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—Marriage/Domestic Partnership: *Petition—Marriage/Domestic Partnership* (form [FL-100\(TC\)](#)), *Summons* (form [FL-110\(TC\)](#)), and blank *Response—Marriage/Domestic Partnership* (form [FL-120\(TC\)](#))
 - or—
 - b. Uniform Parentage: *Petition to Establish Parental Relationship* (form [FL-200\(TC\)](#)), *Summons* (form [FL-210\(TC\)](#)), and blank *Response to Petition to Establish Parental Relationship* (form [FL-220\(TC\)](#))
 - or—
 - c. Custody and Support: *Petition for Custody and Support of Minor Children* (form [FL-260\(TC\)](#)), *Summons* (form [FL-210\(TC\)](#)), and blank *Response to Petition for Custody and Support of Minor Children* (form [FL-270\(TC\)](#))
 - and
 - d. (1) Completed and blank *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act* (form [FL-105\(TC\)](#))
 - (2) Completed and blank *Declaration of Disclosure* (form [FL-140\(TC\)](#))
 - (3) Completed and blank *Schedule of Assets and Debts* (form [FL-142\(TC\)](#))
 - (4) Completed and blank *Income and Expense Declaration* (form [FL-150\(TC\)](#))
 - (5) Completed and blank *Financial Statement (Simplified)* (form [FL-155\(TC\)](#))
 - (6) Completed and blank *Property Declaration* (form [FL-160\(TC\)](#))
 - (7) *Request for Order* (form [FL-300\(TC\)](#)), and blank *Responsive Declaration to Request for Order* (form [FL-320\(TC\)](#))
 - (8) Other (*specify*):

2. Address where respondent was served:

3. I served the respondent by the following means (*check proper boxes*):

- 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.
 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.

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3. 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* (form [FL-117\(TC\)](#)) and a postage-paid return envelope addressed to me. (**Attach completed *Notice and Acknowledgment of Receipt* (form [FL-117\(TC\)](#).)** (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, 417.20.)
- d. **Other** (*specify code section*):
 Continued on Attachment 3d.

4. 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*): \$

5. **I declare** under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
- or—
6. **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)