

[ATTORNEY NAME, BAR #]
[ATTORNEY FIRM]
[FIRM ADDRESS]
[TELEPHONE]

Proof of Service

[CASE NAME]

Court of Appeal No.: [CASE #]

[SPECIFIC COUNTY] Superior Court No.: [CASE #]

I, the undersigned, declare that I am over 18 years of age, employed in the County of San Diego, and not a party to the instant action. My business address is listed above. I served the attached **APPELLANT'S [SPECIFIC DOCUMENT SERVED]** by placing copies of the [DOCUMENT] in a sealed envelope, with the correct postage, and depositing them in the United States Postal Service, to each of the following persons at the following addresses on [DATE]:

[CLIENT FIRST NAME & LAST INITIAL]
(address of record)

Office of County Counsel
[ADDRESS IN SPECIFIC COUNTY]

Office of the Clerk
[ADDRESS OF TRIAL COURT]

Appellate Defenders, Inc.
555 West Beech St., Suite 300
San Diego CA 92101-2936

[ATTORNEY NAME]
[ATTORNEY ADDRESS]
(mother/father's trial counsel)

[ATTORNEY NAME]
[ATTORNEY ADDRESS]
(minor's appellate counsel – if applicable)

[ATTORNEY NAME]
[ATTORNEY ADDRESS]
(minor's trial counsel)

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

Executed on [DATE]

[NAME OF PERSON SERVING]
