[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. My electronic service address is [ELECTRONIC ADDRESS]. I served the attached **APPELLANT’S [SPECIFIC DOCUMENT SERVED]** as follows:

**USPS:** 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) | [SUPERIOR COURT]  (address) |
| [TRIAL COUNSEL for client]  (address of record) | [MINOR’S TRIAL COUNSEL]  (address) |
| [COUNTY COUNSEL – if **not** San Diego County]  (address) |  |
| **ELECTRONIC SERVICE:** By sending from my electronic service address of [YOUR EMAIL ADDRESS], on [DATE] at [TIME], the above named document to each of the following persons at the following authorized email service addresses: | |
| [SAN DIEGO COUNTY COUNSEL – if case is from San Diego County]  [sdccjd.appeals@sdcounty.ca.gov](mailto:sdccjd.appeals@sdcounty.ca.gov) | [APPOINTED APPELLATE ATTORNEY for co-appellant, non-County respondent, minor, tribe, or other party ]  (attorney’s email address) |

|  |  |
| --- | --- |
| Appellate Defenders , Inc.  civil@adi-sandiego.com |  |

I additionally declare that I electronically submitted a copy of this document to the Court of Appeal on its website at [http://www.courts.ca.gov/4dca-esub.htm](http://www.courts.ca.gov/9408.htm#tab18464.), in compliance with the court’s Terms of Use.

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

Executed on [DATE]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [SIGNATURE]

[TYPE NAME OF PERSON SERVING]