	Form #L-129
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO.:	
E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE	
JUSTICE CENTER:	
Harbor-Newport Beach Facility - 4601 Jamboree Rd., Newport Beach, CA 92660-2595	
West - 8141 13th Street, Westminster, CA 92683	
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PEOPLE OF THE STATE OF CALIFORNIA vs.	
PROOF OF SERVICE	CASE NUMBER:
(Petition for Dismissal under Penal Code 1210.1(d) & Notice of Hearing)	
Mail Personal Service	
 At the time of service I was at least 18 years of age and not a party to this legal My residence or business address is (specify): 	action.
3. I served a copy of the Petition for Dismissal under Penal Code 1210.1(d) & Notice of Hearingas follows (complete either a or	
<i>b):</i> a.	
(1) I enclosed a copy in an envelope and	
 (a) deposited the sealed envelope with the United State prepaid. 	
(b) placed the envelope for collection and mailing on the following our ordinary business practices. I am readily following our ordinary business practices.	
collecting and processing correspondence for mailing. (placed for collection and mailing, it is deposited in the or	On the same day that correspondence is
States Postal Service, in a sealed envelope with postag	
 (2) The envelope was addressed and mailed as follows: (a) Please check appropriate box(es): O.C. District Attor 	ney or 🗌 City Attorney (as applicable)
(b) Address on envelope(s):	
(c) Date of Mailing:	
(d) Place of mailing <i>(city and state):</i>	
 b. Personal delivery. I personally delivered a copy as follows: (1) Please check appropriate box(es): O.C. District Attorney or City Attorney (as applicable) O.C. Probation 	
(2) Address where delivered:	
(3) Date delivered:	
(4) Time delivered:	
I declare under penalty of perjury under the laws of the State of California that the foregoin	ng is true and correct.
Date:	

(TYPE OR PRINT NAME)

(SIGNATURE)