ATTORNEY OR PARTY WITHOUT ATTORNEY (Name & Address):		FOR COURT USE ONLY
Telephone No.: E-Mail Address (Optional): ATTORNEY FOR (<i>Name</i>):	Fax No. (Optional): Bar No:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE CENTRAL JUSTICE CENTER 700 CIVIC CENTER DRIVE WEST POST OFFICE BOX 22024 SANTA ANA, CA 92702-2024		
IN THE MATTER OF THE A	PPLICATION OF	
Petitioner's full name - First, Middle, Last		
	PROOF OF SERVICE	CASE NUMBER:
Petition for C	ertificate of Rehabilitation and Pardon	
	BE COMPLETED BY THE PERSON SERVING MUST NOT BE THE I	PETITIONER.
Check all applicable boxes:		
I am over the age of 18 y	years and am not a party to the within action	1.

 \square I served a copy of the Notice of Filing of Petition for Certificate of Rehabilitation and Pardon, the Petition for Certificate of Rehabilitation and Pardon and any attachments thereto on the: **GOVERNOR OF THE STATE OF CALIFORNIA**

DEPARTMENT OF LEGAL AFFAIRS S

My Address My Address

303 1	E CAPITOL BUILDING 10TH ST AMENTO CA 95814-4910
Ī	Personal Service:
	On (date), I personally delivered a copy of the Notice, Petition and attachments to the address above. The name of the person who received the copies is
OR	·
Ву	Mail:
	On (date), I personally mailed a copy of the Notice, Petition and attachments to the address above, by placing it in a sealed envelope with postage thereon

fully prepaid into the United States mail at _____ (place of mailing).

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PROOF OF SERVICE PETITION FOR REHABILITATION AND PARDON

Optional Use Form: L-0801 [Rev. March 24, 2011]

Name:	Case Number: M-
Petition for ORAN 401 CI SANTA	copy of the Notice of Filing of Petition for Certificate of Rehabilitation and Pardon, the Certificate of Rehabilitation and Pardon and any attachments thereto on the: GE COUNTY DISTRICT ATTORNEY VIC CENTER DRIVE WEST A ANA, CA 92701 Personal Service: On (date), I personally delivered a copy of the Notice, Petition and attachments to the address above. The name of the person who received the copies is
OR	
□ I served a c	On (date), I personally mailed a copy of the Notice, Petition and attachments to the address above, by placing it in a sealed envelope with postage thereon fully prepaid into the United States mail at (place of mailing). copy of the Notice of Filing of Petition for Certificate of Rehabilitation and Pardon, the Certificate of Rehabilitation and Pardon and any attachments thereto on the:
(ADDR	ESS)
(ADDR	EESS)
□ By I	Personal Service: On (date), I personally delivered a copy of the Notice, Petition and attachments to the address above. The name of the person who received the copies is
□ Ву І	Mail:
	On (date), I personally mailed a copy of the Notice, Petition and attachments to the address above, by placing it in a sealed envelope with postage thereon fully prepaid into the United States mail at (place of mailing).
I declare unde correct.	er penalty of perjury under the laws of the State of California that the foregoing is true and
Date:	
	\triangleright
(TYPE OR PRINT N	AME OF PERSON WHO SERVED THE PAPERS) (SIGNATURE OF PERSON SERVING)

PROOF OF SERVICEPETITION FOR REHABILITATION AND PARDON

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