

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):		TELEPHONE NO.:		<i>FOR COURT USE ONLY</i>	
ATTORNEY FOR (Name):		Ref. No. or File No.			
Insert name of court and name of judicial district and branch court, if any: Workers' Compensation Appeals Board					
SHORT TITLE OF CASE:					
PROOF OF FILING OF 132a		DATE:	TIME:	DEPT	CASE NUMBER:

1. At the time of filing I was at least 18 years of age and not a party to this action, and **I filed copies** of the *(specify documents)*:

2. a. Party served *(specify name of party as shown on the documents served)*:

b. Person served: party in item 2a other *(specify name and title or relationship to the party named in item 2a)*:

Name: _____
Relationship: _____

c. Address: Street: _____
City State: _____
Verified correct location: _____

3. I served the party named in item 2

- a. **by personally delivering** the copies (1) on *(date)*: _____ (2) at *(time)*: _____
- b. **by leaving** the copies with or in the presence of *(name and title or relationship to person indicated in item 2b)*:
(1) on *(date)*: _____ (2) at *(time)*: _____
- c. **by mailing** the copies to the person served, addressed as shown in item 2c, by first class mail, postage prepaid,
(1) on *(date)*: _____ (2) from *(city)*: _____
(3) Addressed as follows: _____

4. Person filing *(name, address, and telephone No.)*:

a. Fee for service: \$

- b. Not a registered California process server.
- c. Exempt from registration under B&P § 22350(b).
- d. Registered California process server.
(1) Employee or independent contractor.
(2) Registration No.: _____
(3) County: _____

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

Date: _____ _____ (SIGNATURE)