

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and Address):</i>		TELEPHONE NO.:		FOR COURT USE ONLY	
ATTORNEY FOR <i>(Name):</i>		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 SERVICE		DATE:	TIME:	DEPT	CASE NUMBER:

1. At the time of service I was at least 18 years of age and not a party to this action, and **I served 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):* _____

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 **servicing** *(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)

PROOF OF SERVICE