

Write your name, address and telephone number below     TELEPHONE NO.:     E-MAIL ADDRESS (Optional): <input type="checkbox"/> Self-Represented for Attorney for (name)	FOR COURT USE ONLY	
<b>SUPERIOR COURT OF CALIFORNIA COUNTY OF VENTURA</b> 4353 E. VINEYARD AVENUE OXNARD, CA 93036 JUVENILE/PROBATE COURTHOUSE		
<b>GUARDIANSHIP OF THE PERSON OF:</b> (Name(s)):	CASE NUMBER:	
<b>PROOF OF SERVICE BY MAIL OF          REQUEST FOR VISITATION          (GUARDIANSHIP CASE)</b>	HEARING DATE AND TIME:	DEPT:

**IMPORTANT NOTE:** You cannot serve the **REQUEST FOR VISITATION (GUARDIANSHIP CASE)** if you are a party in this case. **THE REQUEST, NOTICE OF HEARING AND MEDIATION DOCUMENTS** must be served no later than **20 days** before the Hearing, if served by mail. The person who serves the documents for you must complete this proof of service. The proof of service then needs to be filed with the clerk of the court at least **5 days** before the hearing.

1. I am at least 18 years old and **not a party to this action**. I am a resident of or employed in the county where the mailing took place.
2. I served a copy of the following documents:

**Request for Visitation (Guardianship case) and Notice of Hearing filed by**

\_\_\_\_\_ (name:) on \_\_\_\_\_ (date).

**Mediation/Orientation Appointment Fact Sheet**

**Other documents:** \_\_\_\_\_

By enclosing the documents in a sealed envelope with postage fully prepaid, to the person or persons identified in paragraph 4, and deposited the sealed envelope with the United States Postal Service as follows:

Date of Mailing: \_\_\_\_\_

Place of Mailing (city and state): \_\_\_\_\_

CASE NAME:	CASE NUMBER:
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3. The party or parties served:

Name of Persons Served:	Address Where it Was Mailed:

Names and addresses of additional persons served are attached.

4. Person Serving (name, address and telephone number):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_

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

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Declarant)

\_\_\_\_\_  
(Print Name of Declarant)