

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF IMPERIAL 939 W. Main Street El Centro, CA 92243	
PETITIONER: RESPONDENT:	
PROOF OF SERVICE FOR STEPPARENT ADOPTION	CASE NUMBER:

1. I served the person cited (name): _____ with the citation and petition as follows:
 - a. by serving Person cited.
 - b. Delivery at: home business
 1. date: _____ 2. time: _____
 3. address: _____
2. Serviced:

 Adoption Citation Petition to declare free Request for Adoption Request for Order
 - a. (Personal Service) by personally delivering copies
3. At the time of service I was at least 18 years of age and not a party to this action.
4. Fee for service: \$ _____
5. I am:
 - a. Not a registered California process server
 - b. A registered California process server
 - c. Exempt from registration under Business and Professions Code §22350(b)
 - d. California sheriff or marshal
6. Person Serving (name, address and telephone number):

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

Date:

_____ (SIGNATURE OF PERSON SERVING)