

**SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF AMADOR**

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number and address):</i>	<i>FOR COURT USE ONLY</i>
TELEPHONE NO: ATTORNEY FOR (Name):	
PEOPLE OF THE STATE OF CALIFORNIA vs.	
DEFENDANT:	
<b>PROOF OF SERVICE OF PETITION TO DISMISS</b>  Method of Service <i>(only one)</i> : <input type="checkbox"/> <b>PERSONAL</b> <input type="checkbox"/> <b>MAIL</b>	CASE NUMBER:
	COURT DATE:

1. Person serving: I am over the age of 18 and **not a party to this action.**
  - a. Name \_\_\_\_\_
  - b. Residence or Business Address: \_\_\_\_\_
  - c. Telephone: \_\_\_\_\_
  
2. I served a copy of the Petition to Dismiss (CR-180) on the person or persons listed below as follows:
  - a. Service was upon the Office of the Amador County  District Attorney  Probation Department
  - b. Name of person served \_\_\_\_\_
  - c. Address where the party was served: \_\_\_\_\_
  
3. I served the party *(check appropriate box)*

**by personal service.** I personally delivered the documents listed in Item 2 to the party or person authorized to receive service of process for the party:  
 on (date): \_\_\_\_\_ (2) at (time): \_\_\_\_\_

**by mail.** I mailed the documents listed in Item 2 to the party at the address shown in Item 2, by first-class mail, postage prepaid,  
 on (date) : \_\_\_\_\_ (2) from (city): \_\_\_\_\_
  
4. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

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

\_\_\_\_\_  
 (Print name of person who served papers)

\_\_\_\_\_  
 (Signature of person who served papers)