

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name & Address</i>): Telephone No.: _____ Fax No. (Optional): _____ E-Mail Address (Optional): _____ Bar No: _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF AMADOR 500 ARGONAUT LANE JACKSON, CA 95642	
IN THE MATTER OF THE APPLICATION OF _____ Petitioner's full name - First, Middle, Last	
PROOF OF SERVICE Petition for Certificate of Rehabilitation and Pardon	CASE NUMBER:

**TO BE COMPLETED BY THE PERSON SERVING.
 THE PERSON SERVING MUST NOT BE THE PETITIONER.**
 (This is a two-page form - Complete both pages)

Check all applicable boxes:

- I am over the age of 18 years and am not a party to the within action.
 My Name _____
 My Address _____
 My Address _____

- I served a copy of the Notice of Filing of Petition for Certificate of Rehabilitation and Pardon, the Petition for Certificate of Rehabilitation and Pardon and any attachments thereto on the:

GOVERNOR OF THE STATE OF CALIFORNIA
 DEPARTMENT OF LEGAL AFFAIRS
 STATE CAPITOL BUILDING
 1303 10TH ST
 SACRAMENTO CA 95814-4910

- By Personal Service:**
 On _____ (date), I personally delivered a copy of the Notice, Petition and attachments to the address above. The name of the person who received the copies is _____

OR

- By Mail:**
 On _____ (date), I personally mailed a copy of the Notice, Petition and attachments to the address above, by placing it in a sealed envelope with postage thereon fully prepaid into the United States mail at _____ (place of mailing).

Name:	Case Number:
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I served a copy of the Notice of Filing of Petition for Certificate of Rehabilitation and Pardon, the Petition for Certificate of Rehabilitation and Pardon and any attachments thereto on the:

AMADOR COUNTY DISTRICT ATTORNEY

708 Court Street
Jackson, CA 95642

By Personal Service:

On _____ (date), I personally delivered a copy of the Notice, Petition and attachments to the address above. The name of the person who received the copies is _____.

OR

By Mail:

On _____ (date), I personally mailed a copy of the Notice, Petition and attachments to the address above, by placing it in a sealed envelope with postage thereon fully prepaid into the United States mail at _____ (place of mailing).

I served a copy of the Notice of Filing of Petition for Certificate of Rehabilitation and Pardon, the Petition for Certificate of Rehabilitation and Pardon and any attachments thereto on the:

_____ **COUNTY DISTRICT ATTORNEY**

(ADDRESS) _____

(ADDRESS) _____

By Personal Service:

On _____ (date), I personally delivered a copy of the Notice, Petition and attachments to the address above. The name of the person who received the copies is _____.

OR

By Mail:

On _____ (date), I personally mailed a copy of the Notice, Petition and attachments to the address above, by placing it in a sealed envelope with postage thereon fully prepaid into the United States mail at _____ (place of mailing).

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

Date: _____



(TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS)

(SIGNATURE OF PERSON SERVING)

PROOF OF SERVICE
PETITION FOR REHABILITATION AND PARDON