

NAME, ADDRESS, AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY:	STATE BAR NUMBER (IF APPLICABLE)	Reserved for Clerk's File Stamp
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES		
COURTHOUSE ADDRESS:		
PETITIONER/PLAINTIFF:		
RESPONDANT/DEFENDANT:		CASE NUMBER:
PROOF OF SERVICE		

1. At the time of service I was over 18 years of age.
2. My residence or business address is: _____

3. Type of Service:

BY MAIL:

On _____ I served the Petition for Recall and Resentencing/Application to Designate Felony Conviction as Misdemeanor, in this case by placing a copy thereof, enclosed in a sealed envelope with first class postage prepaid, in the United States Mail at _____, in the county of _____, State of California, said envelope having been address as follows:

Name of party served: Los Angeles County District Attorney
 Street address: _____
 City, State, Zip Code: _____

At the time of mailing, I was employed or resided in the county where said mailing occurred.

PERSONAL SERVICE:

On _____ I personally delivered to and left copies of the Petition for Recall and Resentencing/Application to Designate Felony Conviction as Misdemeanor, in this case with the party served at the address below:

Name of party served: Los Angeles County District Attorney
 Street address: _____
 City, State, Zip Code: _____

4. Executed on _____ at _____, California.
DATE CITY

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

Dated: _____

Signature of Declarant

PROOF OF SERVICE