GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406)	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PETITIONER/PLAINTIFF:	
RESPONDENT/DEFENDANT:	
OTHER PARENT:	
DROOF OF SERVICE BY MAIL	CASE NUMBER:
PROOF OF SERVICE BY MAIL	
place. 2. My business address is (specify):	
I served a copy of the following documents (specify): Notice of Motion (Governmental) (form FL-680) and supporting attachments	
Responsive Declaration to Request for Order (form FL-320)	
Response to Notice of Motion to Set Aside Judgment of Paternity (Family Law-	-Governmental) (form FI -276)
Responsive Declaration to Application to Set Aside Voluntary Declaration of Page	
(form FL-285) Notice of Opposition and Notice of Motion on Claim of Exemption (Government)	ol) (form El. 677)
Other (specify):	(I) (IOIIII F E-077)
Outer (specify).	
by enclosing them in an envelope AND	
a. depositing the sealed envelope with the U.S. Postal Service with the postag	e fully prepaid.
b. placing the envelope for collection and mailing on the date and at the place	•
business practices. I am readily familiar with this business's practice for colle	
mailing. On the same day that correspondence is placed for collection and m	
business with the U.S. Postal Service in a sealed envelope with postage fully	prepard.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:	
4. Each envelope was addressed and mailed as follows: (a) Date mailed:		
(b) Place of mailing (city and state):		
Name of party or attorney served:	Name of party or attorney served:	
(c) Address:	(c) Address:	
Name of party or attorney served:	Name of party or attorney served:	
(c) Address:	(c) Address:	
Name of party or attorney served:	Name of party or attorney served:	
(c) Address:	(c) Address:	
 5. The address for each individual identified in item 4 was a verified by the California Child Support Enforcement System (CSE) as the current primary mailing address on file. b other (specify): 		
6. I declare under penalty of perjury under the laws of the State of C	alifornia that the foregoing is true and correct.	
Date:		
(TYPE OR PRINT NAME)	(SIGNATURE OF PERSON COMPLETING THIS FORM)	