

<input type="checkbox"/> GUARDIANSHIP OF (Name):	OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE  <input type="checkbox"/> MINOR <input type="checkbox"/> (PROPOSED) Dependent Adult	CASE NUMBER:
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**PROOF OF PERSONAL SERVICE OF NOTICE OF HEARING—GUARDIANSHIP** *(Attach a separate completed and signed copy of this form or other proof of personal service to Notice of Hearing-Guardianship for each person who personally served a copy of the Notice.)*

1. I am over the age of 18 and not a party to this cause.
2. I served the attached *Notice of Hearing—Guardianship* by personally delivering a copy to each person listed below at the address and on the date and time indicated below.
3.  I served with the attached *Notice of Hearing—Guardianship or Conservatorship* a copy of the petition or other document referred to in the Notice.
4.  I served with the attached Notice of Hearing—Guardianship or Conservatorship copies of the following documents (*specify*):  
  
 Continued on Attachment 4.
5. I am (*check all that apply*):
  - a.  not a registered California process server.
  - b.  a California sheriff or marshal.
  - c.  a registered California process server.
  - d.  an employee or independent contractor of a registered California process server.
6. My name, address, telephone number, and, if applicable, county of registration and number, are (*specify*):

**NAME OF EACH PERSON PERSONALLY SERVED, ADDRESS WHERE SERVED, AND DATE AND TIME SERVICE WAS MADE**

	<u>Name</u>	<u>Address where served (number, street, city, and state)</u>	<u>Date and time service made</u>
1.			Date: _____ Time: _____
2.			Date: _____ Time: _____
3.			Date: _____ Time: _____
4.			Date: _____ Time: _____

List of names and addresses of persons personally served by the undersigned continued on an attachment.

**I declare** under penalty of perjury under the laws of the Agua Caliente Band of Cahuilla Indians that the foregoing is true and correct.

**(For California sheriff or marshal use only)**  
**I certify** that the foregoing is true and correct.

Date: \_\_\_\_\_  
  
 (SIGNATURE)

Date: \_\_\_\_\_  
  
 (SIGNATURE)