

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name and Address): TELEPHONE NUMBER:  FAX NUMBER: ATTORNEY FOR (Name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:           Family Court	
PLAINTIFF/PETITIONER:  DEFENDANT/RESPONDENT:	CASE NUMBER:
<b>VERIFICATION OF SERVICE BY POSTING SUMMONS</b>	DEPT:  APJ:

1. I am over the age of 18 and not a party to this case. My name is \_\_\_\_\_.

My address is \_\_\_\_\_  
 (Write in street address, city and state where you live)

2. On \_\_\_\_\_ (date) from \_\_\_\_\_ (city and state), I mailed a filed copy of the Summons and Petition to Respondent's last known address. I mailed the Petition and Summons to Respondent's last known address at:

\_\_\_\_\_

3. I posted a filed copy of the Summons and Petition on the designated bulletin board at:

\_\_\_\_\_

(Name of location posted and address).

for 28 days from (date of first day of posting): \_\_\_\_\_ to (date of last day of posting): \_\_\_\_\_

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

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

\_\_\_\_\_  
 Print Your Name Here

\_\_\_\_\_  
 Sign Your Name Here

**Notice to Petitioner:**  
**This verification must be attached to Proof of Service of Summons, Form FL-115, before filing.**

**VERIFICATION OF SERVICE BY POSTING OF SUMMONS  
 (FAMILY/UNIFORM PARENTAGE/PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN)**