

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name and address) TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ FAMILY DIVISION 1 Second Street, Room 300 Watsonville, CA (5076)	
PETITIONER: _____ RESPONDENT: _____	
VERIFICATION OF SERVICE BY POSTING OF SUMMONS	CASE NUMBER _____

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. On _____ (date) at _____ (time)

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

_____ (name of location posted and address).

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
 (FAMILY/UNIFORM PARENTAGE/PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN)**

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