Name: Address: City: State: Zip Code: Telephone: Attorney for/Pro Per:	*FOR COURT USE ONLY*
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SHASTA MAILING ADDRESS: 1515 Court Street, Room 110 STREET ADDRESS: 1515 Court Street, Room 110 CITY AND ZIP CODE: Redding, CA 96001	
PEOPLE OF THE STATE OF CALIFORNIA v. DEFENDANT:	
PROOF OF SERVICE ☐ **Personal Service** ☐ **Service by Mail**	Case Number:

1. Person serving: I am over the age of 18 and <u>not a party to this action.</u>
   Name: _____
   Address: _____
   Telephone: _____

2. I served a copy of the Petition/Application for Resentencing or Reduction to Infraction as follows: (Check one)

   ☐ a. **Personal Service**: I personally delivered the Petition/Application for Resentencing or Reduction to Infraction to the person at the address listed below:

   Name of person served:_____
   Address where served: _____
   Date Served: _____
   Time Served:_____ ☐ a☐ p.m.

   ☐ b**. Service by Mail**: I deposited the Petition/Application for Resentencing or Reduction to Infraction in the United States mail, in a sealed envelope with first class postage fully prepaid. The envelope was addressed as follows:

   Name of person served: _____
   Address: _____
   Date of Mailing: _____
   Place of Mailing (city and state): _____

I declare to the best of my information and belief that the foregoing is true and correct.

Date: _____

_____
(Signature of Declarant)

_____
(Printed Name of Declarant)