

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO Street Address: Mailing Address: (Same as Above) City and Zip Code: Branch Name:	<i>FOR COURT USE ONLY</i>
<i>IN THE MATTER OF:</i>	
PROOF OF SERVICE - JUVENILE RESTRAINING ORDER	CASE NUMBER(S):

Hearing Date: _____
Time: _____
Dept.: _____

I served a copy of the following documents:

- JV-245 Request for Restraining Order – Juvenile
- JV-247 Answer to Request for Restraining Order – Juvenile
- JV-250 Notice of Hearing and Temporary Restraining Order-Juvenile
- DV-800-INFO/JV-252-INFO How Do I Turn In, Sell, or Store My Firearms
- DV-800/JV-252 Proof of Firearms Turned In, Sold, or Stored
- JV-255 Restraining Order – Juvenile Order After Hearing
- JV-257 Change to Restraining Order After Hearing- Juvenile
- JV-205 Visitation (Parenting Time) Order – Juvenile
- JV-206 Reasons For No or Supervised Visitation – Juvenile
- MC-025 Attachment to Judicial Council Form
- Other: _____

By personally delivering copies to the person(s) served (Use MC-025 for additional parties), as follows:

Person Served (Name): _____

(1) Date: _____

(2) Time: _____

(3) Address: _____

I was at least 18 years of age and not a party to this cause. I am a resident of or employed in the county where the mailing occurred. My business address is _____.

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

Date: _____

(Type or Print Name)

(Signature)