

ADDITIONAL PROOF OF SERVICE

In **1a**, enter the name, mailing address, and email address of the party or lawyer to whom you sent the document.

1. I sent this document:

a. To:

Name: _____
First Middle Last

Address: _____
Street, Apt # City State ZIP

Email address: _____

In **1b**, check the box to show how you are sending the document.

CAUTION: If you and the person you are sending the document to have an email address, you **must** use one of the first two options. Otherwise, you may use one of the other options.

b. By:

An approved electronic filing service provider (EFSP)

Email (*not through an EFSP*)

Only use one of the methods below if you do not have an email address, or the person you are sending the document to does not have an email address.

Personal hand delivery to:

The party

The party's family member who is 13 or older, at the party's residence

The party's lawyer

The party's lawyer's office

Mail or third-party carrier

In **c**, fill in the date and time that you sent the document.

c. On: _____
Date

At: _____ a.m. p.m.
Time