ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, if attorney, and address):*	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO.: ATTORNEY FOR *(Name):*	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF: DEFENDANT: EMPLOYEE:	
PROOF OF SERVICE BY PERSONAL DELIVERY OF COMPLETED RESPONSE (Workplace Violence)	CASE NUMBER:

PERSONAL SERVICE

Instructions to Defendant: *If the court orders personal service, you must have someone else personally serve the plaintiff. You cannot serve these papers yourself. After having the plaintiff personally served with any of the documents identified in item 2, have the person who served the documents complete this* Proof of Service By Personal Delivery of Completed Response (Workplace Violence). *Give the completed* Proof *to the clerk for filing. An unsigned copy of the* Proof *should be attached to and served with the document.*

1. I am over the age of 18 and **not a party to this legal action.**
2. I served a copy of the following documents (check the box before the title of each document you served):
   a. ☐ Completed *Response to Petition of Employer for Injunction Prohibiting Violence or Threats of Violence Against Employee (Workplace Violence)* (form WV-110)
   b. ☐ Other *(specify):*

3. a. Name:
   b. Date:
   c. Time:
   d. Address:

4. My residence or business address is *(specify):*

5. My telephone number is *(specify):*

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)

Form Approved for Optional Use
Judicial Council of California
WV-132 [Rev. January 1, 2005]

PROOF OF SERVICE BY PERSONAL DELIVERY OF COMPLETED RESPONSE (Workplace Violence)

Code of Civil Procedure, §§ 527.8 and 527.9
www.courtinfo.ca.gov

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www.USCourtForms.com