ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address)*: TELEPHONE NO.: FAX NO.: ATTORNEY FOR *(Name)*:	To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.
NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF: DEFENDANT: EMPLOYEE:	
PROOF OF SERVICE OF COMPLETED RESPONSE (Workplace Violence)	CASE NUMBER:

SERVICE BY MAIL

Instructions to Defendant: *After having the plaintiff served by mail with any of the documents identified in item 2, have the person who mailed the documents complete this* Proof of Service by Mail*. Give the completed* Proof of Service by Mail *to the clerk for filing. You cannot serve these papers. An unsigned copy of the* Proof of Service by Mail *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.** I am a resident of or employed in the county where the mailing occurred. My residence or business address is *(specify)*:

2. I served a copy of the following documents:
   a. ☐ completed *Response to Petition of Employer for Injunction Prohibiting Violence or Threats of Violence Against Employee* (form WV-110)
   b. ☐ other *(specify)*:

3. I deposited a true copy of each of the foregoing documents in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed and mailed as follows:
   a. Name of person served:
   b. Address:
   c. Date of mailing:
   d. Place of mailing *(city and state)*:

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)

(Proof of personal service on reverse)

For your protection and privacy, please press the Clear This Form button after you have printed the form.

Print This Form

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