



San Manuel Tribal Court
San Manuel Indian Reservation
3214 Victoria Avenue
Highland, CA 92346
Phone: (909) 907-6920

PROOF OF SERVICE OF RESPONSE (DISORDERLY CONDUCT)

Attorney Advocate Party Representing Self *(check one)*

Name:		<i>For Court Use Only</i>
Address:		
Phone:	Email:	
If Attorney or Advocate, name of party represented:		Case Number:
Petitioner(s):		Hearing Date:
Respondent(s):		Time:

(A separate proof is required for each party served. Do not use this proof of service to show service of a Summons and Complaint.)

1. At the time of service I was at least 18 years of age and **not a party to this action**.

2. I served copies of the following **documents**:

- Response to Disorderly Conduct Petition
- Appearance
- Other *(specify documents)*:

3. **Name** of person served:

Petitioner v.
Respondent:

Case Number:

4. **Address** of person served:

5. I served the **documents** (*check one and fill in the blanks*):

by personal service. I personally delivered the documents listed in item 2 to the party or person authorized to receive service of process for the party on (*date*):

by first-class mail. I mailed the documents listed in item 2 to the party, to the address shown in item 4, by first-class mail, postage prepaid, on (*date*): from (*city*):

6. **Person who served the documents** (*name, address and phone number*):

7. **The fee** for service (if applicable) was: \$

I declare under penalty of perjury under the laws of the San Manuel Band of Mission Indians that the foregoing is true and correct.

Date:

Type or Print Name of Person who Served Papers

Signature