MSC-JV-005

| Declaration submitted | by: | FOR COURT USE ONLY |
|-----------------------|---|--------------------|
| Name: | | |
| Office/Agency/Co | urt: | |
| Street Address: | | |
| City, State: | | |
| Telephone Numbe | er: | |
| SUPER | IOR COURT OF CALIFORNIA, COUNTY OF MERCED | |
| | JUVENILE DIVISION | |
| Department: | Juvenile Delinquency | |
| Street Address: | 2840 W. Sandy Mush | |
| City & Zip Code: | Merced, CA 95340 | |
| Name of Minor: | Date of Birth: | |
| PPOOE | OF SERVICE - PETITION TO TERMINATE SEX | CASE NUMBER: |
| | FFENDER REGISTRATION—JUVENILE | |
| Instructions | | |

- This form is for providing proof that a copy of a filed Petition to Terminate Sex Offender Registration— Juvenile (Local Form MSC-JV-004) and proof of current registration was served (delivered) to the required law enforcement agencies and district attorney's offices.
- The person who serves (delivers) a document or form in this case and who fills out this form must be at least 18 years old.
- This form is for proof of service by mail or personal delivery. For proof of electronic service, read and follow rule 2.251 of the California Rules of Court, and use Proof of Electronic Service (Judicial Council form POS-050/EFS-050).
- File a completed form with the court. Keep a copy of this form for your records.
- 1. At the time I served the Petition to Terminate Sex Offender Registration (Local Form MSC-JV-004) and proof of current registration, I was at least 18 years old.
- 2. My Name is:

| Last | First | | Middle | |
|------------------------------|------------------------------|--|-------------------------|--------------------|
| My mailing address is: | | | | |
| Street | City | State | Zip | |
| I served copies of the Pe | tition to Terminate Sex Of | fender Registra | ation—Juvenile and pr | oof of current |
| registration filed (check of | ine): | | | |
| for myself | on behalf of (name of | petitioner): | | |
| I mailed or personally de | livered a filed-stamped co | py of Petition to | o Terminate Sex Offer | nder Registration— |
| Juvenile (Local Form MS | C-JV-004) and proof of cu | urrent registratio | on to the agencies list | ed below: |
| a. Registering law en | forcement agency: | | | |
| Name of Agency: | | | | |
| Address: | | | | |
| Street | | City | State | Zip |
| Date of service: | | | | |
| Method of service (| , | | | |
| Mailed the docu | ments to the district attorn | | | • |
| (city, state): | | by depositing the envelope with the U.S. Postal Service. | | |
| Delivered in personal | son to (name): | | at <i>(time)</i> : | |
| at the address abov | <u></u> | | | |

| District attorney (county of registratio | | | | | |
|--|---|---|--|--|--|
| | n): | | | | |
| Name of Agency: | | | | | |
| Address: | | | | | |
| Street Date of service: | City | State | Zip | | |
| | | | | | |
| | attorney's office at th | ne address above in a | sealed envelope fr | | |
| | by depositing | the envelope with the | U.S. Postal Servic | | |
| Delivered in person to <i>(name)</i> : | | at <i>(time)</i> : | | | |
| at the address above. | | | | | |
| Law enforcement agency (county of c | onviction): | | | | |
| Name of Agency: | | | | | |
| Address: | | | | | |
| Street | City | State | Zip | | |
| | | | | | |
| | attorney's office at th | ne address above in a | sealed envelope fr | | |
| | • | | • | | |
| Delivered in person to (name): | | at <i>(time)</i> : | | | |
| at the address above. | | | | | |
| District attorney (county of convictior | n): | | | | |
| Name of Agency: | | | | | |
| Address: | | | | | |
| | City | State | Zip | | |
| | | | | | |
| ☐ Mailed the documents to the district attorney's office at the address above in a sealed envelope fro | | | | | |
| (city, state): | by depositing | the envelope with the | U.S. Postal Servic | | |
| Delivered in person to (name): | | at <i>(time)</i> : | | | |
| at the address above. | | | | | |
| enforcement agencies and district at | torney's offices. Atte | ach a separate page lis | sting the names, | | |
| | Date of service: Method of service (check one): Mailed the documents to the district a (city, state): Delivered in person to (name): at the address above. Law enforcement agency (county of c Name of Agency: Address: Street Date of service: Method of service (check one): Mailed the documents to the district a (city, state): Delivered in person to (name): at the address above. District attorney (county of conviction Name of Agency: Address: Street Date of service: Mailed the documents to the district a (city, state): Date of service: Method of service (check one): Mailed the documents to the district a (city, state): Date of service: Method of service (check one): Mailed the documents to the district a (city, state): Date of service in person to (name): at the address above. Method of service (check one): Mailed the documents to the district a (city, state): Delivered in person to (name): at the address above. | Date of service: Method of service (check one): Mailed the documents to the district attorney's office at th (city, state): Delivered in person to (name): at the address above. Law enforcement agency (county of conviction): Name of Agency: Address: Street City Date of service: Method of service (check one): Mailed the documents to the district attorney's office at th (city, state): Delivered in person to (name): at the address above. Delivered in person to (name): Address: Street City Date of service: Delivered in person to (name): Address: Street City Delivered in person to (name): Delivered in person to (name): Address: Street City Date of service: Date of service: Mailed the documents to the district attorney's office at th (city, state): Street City Date of service: Method of service (check one): Mailed the documents to the district attorney's office at th (city, state): Delivered in person to (name): Address: Street City Date of service: Dat | Date of service: Method of service (<i>check one</i>): Mailed the documents to the district attorney's office at the address above in a (<i>city, state</i>): Delivered in person to (<i>name</i>): at the address above. Law enforcement agency (county of conviction): Name of Agency: Address: Street City State Date of service: (<i>check one</i>): Method of service (<i>check one</i>): Method of service: Method of service: Method of service: City State District attorney (county of conviction): Name of Agency: Address: Street City State District attorney (county of conviction): Name of Agency: Address: Street City State District attorney (county of conviction): Name of Agency: Address: Street City State District attorney (county of conviction): Name of Agency: Address: Street City State District attorney (county of conviction): Name of Agency: Address: Street City State District attorney (county of conviction): Name of Agency: Address: District attorney (county of conviction): Name of Agency: Address: Street City State District attorney (county of conviction): Name of Agency: Address: Street City State District attorney (county of conviction): Name of Agency: Address: Street City State District attorney's office at the address above in | | |

5. I declare under penalty of perjury under California state law that the information above is true and correct.

Date:

Type or print server's name

Server signs here after serving