| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, Slate Bar number, and address): | FOR COURT USE ONLY |
|---|---|
| TELEPHONE NO.:  FAX NO. (Optional):<br>E-MAIL ADDRESS (Optional):<br>ATTORNEY FOR (Name): | |

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO**
☐ CENTRAL DIVISION, JUVENILE COURT, 2851 MEADOW LARK, SAN DIEGO, CA 92123
☐ NORTH COUNTY DIVISION, 325 S. MELROSE DR., SUITE 130, VISTA, CA 92081

IN THE MATTER OF


DATE OF BIRTH                                                           A MINOR

| **CITATION FOR ADOPTION** | CASE NUMBER |
|---|---|

**THE PEOPLE OF THE STATE OF CALIFORNIA**

To *(name)*:


You are advised that you are required to appear in the Superior Court of California, County of San Diego, in Department

_____, at the court location indicated above on _____, at _____.m.,  to show

cause, why the court should not adjudge the adoption of the minor child, _____,

by the petitioner, _____

_____.

It is alleged that the other birth parent has been awarded custody of the child by judicial order or has custody by agreement of both parents.  It is further alleged that you have, for a period of one year, willfully failed to communicate with and to pay for the care, support, and education of the child when able to do so.

If you wish to seek the advice of an attorney in this matter, you should do so promptly so that your pleading, if any, may be filed on time.

Clerk of the Superior Court

Date: _____        by _____, Deputy

_____

This citation was called in open court at the date and time noted above with / without response.

Clerk of the Superior Court

Date: _____        by _____, Deputy

American LegalNet, Inc.
www.FormsWorkflow.com

| MINOR'S NAME | CASE NUMBER |
|---|---|
|  |  |

## PROOF OF SERVICE OF CITATION (ADOPTION)
*(Use separate proof of service for each person served)*

1. I served the person cited (name):
   With the citation and petition as follows:
   a. by serving
      (1) ☐ Person cited.
      (2) ☐ Person and title or relationship to person cited *(name, etc.)*: _____

   b. ☐ Delivery at ☐ home ☐ business
      (1) date: _____ (2) time: _____
      (3) address: _____
   c. ☐ Mailing: (1) date: _____ (2) place: _____
      (3) address: _____

2. Manner of service: *(check proper box)*
   a. ☐ **Personal Service** by personally delivering copies (Code Civ. Proc. § 415.10).

   b. ☐ **Substituted service on natural person, minor, incompetent or candidate** by leaving copies at the
      ☐ dwelling house ☐ usual place of abode ☐ usual place of business of the person cited in the presence of
      *(name)*: _____ who was informed of the
      general nature of the papers, and thereafter mailing by first class mail, postage prepaid, copies to the person
      cited at the place where the copies were left (Code Civ. Proc, § 415.20(b)). *(Attach separate declaration or
      affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)*
   c. ☐ **Mail and acknowledgment service** by mailing by first-class mail copies to the person cited together with two
      copies of the Notice and Acknowledgment of Receipt (JC Form #POS-015) and a return envelope, postage
      prepaid, addressed to the sender (Civ. Code Proc. § 415.30). *(Attach completed Notice and
      Acknowledgment of Receipt form.)*
   d. ☐ **Return receipt requested mail service** by mailing to address outside California, with return receipt
      requested, copies to the person cited (Code Civ. Proc. § 415.40). *(Attach signed return receipt or other
      evidence of actual delivery to the person served)*
   e. ☐ **Other-Code Civ. Proc. §§ 413.10 & 413.30** (*Attach separate page if necessary*): _____
      _____
      ☐ Additional page is attached.

3. At the time of service I was at least 18 years of age and not a party to this case.
4. Fee for service: $ _____
5. Name, address and telephone number of person serving: _____
   _____
   a. ☐ Not a registered California process server (Code Civ. Proc. § 417.40)
      ☐ and exempt (Bus. & Prof. Code § 22350)
   b. ☐ Registered: _____
      _____ County,
      Number: _____
   c. ☐ California sheriff
      (1) Title: _____
      (2) County: _____

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