



YUROK TRIBAL COURT

PO Box 1027 / 230 Klamath Blvd.
Klamath CA, 95548
(707) 482-1350 phone
(707) 482-0105 fax

Court Case Number: _____
Case Type: _____

Case Name/Title:

_____,
Petitioner,

v.

_____,
Respondent

[THIS BOX FOR CLERK'S USE]

PROOF OF SERVICE

Mail or Email **Posting**
 Personal **Publish**

1. Name of Person Being Served:

First _____ Middle _____ Last _____

2. Document(s) Being Served:

LIST FORM(S) BEING SERVED:

FORM: _____



3. Location of Service:

MAILING ADDRESS OR PHYSICAL LOCATION OF SERVICE, POSTING OR SUBSTITUTE SERVICE:

4. Date and Time of Service:

DATE (Month/Day/Year): _____

TIME (Approximate if exact is not known): _____

5. Declaration and Information of Server:

AT THE TIME OF SERVICE, I was at least 18 (eighteen) years of age and NOT a party to the above entitled action.

(Check All That Apply):

I DECLARE under penalty of perjury of the laws of the Yurok Tribe that the information provided in this YTC-1000 Proof of Service is true and correct to the best of my knowledge.

I AM A SWORN law enforcement officer, sheriff, marshal, or constable and I certify that the information provided on this YTC-1000 Proof of Service is true and correct to the best of my knowledge. *List Jurisdiction/Authorizing Entity:* _____

SIGNATURE: _____

DATE: _____

Serving Parties Information:

Print Name: _____

Mailing Address: _____

Contact Phone Number: _____

**Return to Yurok Tribal Court
230 Klamath Blvd/PO Box 1027, Klamath CA 95548**