

**Notes On Use:** This declaration is used to prove that service was made by a secretary or other assistant who places the envelopes at a business (such as a UPS Store) for collection and deposit in the U.S. mail. (Code Civ. Proc., § 1013a(3).) The default language does NOT state that the postage was fully prepaid on the envelope in which the papers were placed since the business will stamp or meter it as part of their processing after it is collected and before it is deposited in the mail. Use the suggested alternative language as necessary if postage WAS prepaid.

**Attorneys and pro. per. defendants/appellants should NOT use this sample.**

MTA's and EOT's only require service on the AG/County Counsel, CCAP, appellant, and co-appellant's counsel (if any). For other pleadings check the filing requirements.

Re: [CASE NAME], No. [DCA CASE NUMBER]

**DECLARATION OF SERVICE BY PLACEMENT AT PLACE OF BUSINESS  
FOR COLLECTION AND DEPOSIT IN MAIL**

I, [NAME OF PERSON WHO IS SERVING DOCUMENT BY MAIL], declare as follows:

I am, and was at the time of the service mentioned in this declaration, over the age of 18 years and am not a party to this cause. My business address is [ADDRESS/CITY AND COUNTY] County, California. On [DATE], following ordinary business practices, I placed sealed envelopes [**with postage fully prepaid? See above instructions.**] containing a copy of the attached [EXACT TITLE OF DOCUMENT BEING SERVED] at [NAME AND ADDRESS OF BUSINESS, INCLUDING COUNTY, WHERE ENVELOPE WAS PLACED] for collection and mailing with the United States Postal Service. I am readily familiar with the practice of [NAME OF BUSINESS WHERE ENVELOPE WAS PLACED] for collection and processing of correspondence for mailing with the United States Postal Service and, in the ordinary course of business, correspondence that is placed for collection on a particular day is deposited with the United State Postal Service on the same day. The envelopes were addressed to:

Office of the Attorney General  
P.O. Box 944255  
Sacramento, CA 94244-2550  
Attorney for Respondent  
State of California

Office of the Clerk  
[NAME] County Superior Court  
[COURT ADDRESS]

Central Calif. Appellate Program  
2150 River Plaza Dr., Ste. 300  
Sacramento, CA 95833

Office of the District Attorney  
[COUNTY NAME] County  
[D.A. ADDRESS]

[*APPELLANT'S NAME*]  
[*ADDRESS*]

[*ALL CO-APPELLANT  
ATTORNEYS*]  
[*BUSINESS ADDRESS*]

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on [*DATE*], at [*TOWN*], California.

\_\_\_\_\_ [Signature line]  
[*TYPED NAME OF DECLARANT*]