ATTORNEY OR PARTY WITHOUT ATTORNEY:	STATE BAR NO.	:	FOR COURT USE ONLY
NAME: FIRM NAME:			For your protection and
STREET ADDRESS:			privacy, please press the
CITY:	STATE:	ZIP CODE:	Clear This Form button
TELEPHONE NO.:	FAX NO.:		after you are done printing
E-MAIL ADDRESS: ATTORNEY FOR (name):			this form.
SUPERIOR COURT OF CALIFORNIA, (JUSTICE CENTER: Central - 700 Civic Center Dr. West, Santa Civil Complex Center - 751 W. Santa Ana I Harbor-Newport Beach Facility- 4601 Jamb Lamoreaux - 341 The City Drive, Orange, (North - 1275 N. Berkeley Ave., P. O. Box 5 West – 8141 13th Street, Westminster, CA	Ana, CA 92701-4 Blvd., Santa Ana, poree Rd., Newpo CA 92868-3205 5000, Fullerton, CA	.045 CA 92701-4512 rt Beach, CA 92660-2595	
PLAINTIFF:			CASE NUMBER:
DEFENDANT:			
CERTIFICATE OF DUE DILIGENCE			Case assigned to: Judge: Department: Date complaint filed: Hearing/trial date:
due and diligent effort, I have been unable due to the following reasons: (If additional attached.)			
,			
Residence Address	Date and Tin	ne Service Attempted	Reason for Non-Service
Business Address	Date and Tin	ne Service Attempted	Reason for Non-Service
I declare under penalty of perjury under th	e laws of the Sta	ate of California that the f	oregoing is true and correct.
I declare under penalty of perjury under th	e laws of the Sta	ate of California that the f	oregoing is true and correct.

CERTIFICATE OF DUE DILIGENCE

Approved for Optional Use L849 (Rev. July 1, 2013)

DC105