



### Sample United States Postal Service Forms

#### Certified Mail Receipt

You may purchase this service to receive proof of the date of mailing and a unique number to track the status of delivery online. For an additional fee, you can request a copy of the recipient's signature that is obtained at the time of delivery.

**U.S. POSTAL SERVICE  
CERTIFIED MAIL RECEIPT**  
(Domestic Use Only, No Insurance Coverage) (PS Form 3800)

**OFFICIAL USE**

7009 2250 0002 7309 8323

7009 2250 0002 7309 8323

7009 2250 0002 7309 8323

7009 2250 0002 7309 8323

Postage \$

Certified Fee \$

Return Receipt Fee (For amount received)

Restricted Delivery Fee (Government Required)

Total Postage & Fees \$

Check name Here

Send to:

Street and No. of P.O. box No.

City, State, ZIP+4

#### Domestic Return Receipt (Front and Back)

You may purchase this service before mailing the summons and complaint. You will receive the green postcard with the recipient's actual signature

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>2. Article Number (Transfer from service label)</p> <p>PS Form 3811, February 2004 Domestic Return Receipt 11225-01-44-11-01</p>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

UNITED STATES POSTAL SERVICE

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

\* Sender: Please print your name, address, and ZIP+4 in this box \*

1 \_\_\_\_\_ (Plaintiff's Full Name)  
2 \_\_\_\_\_ (Email Address)  
3 \_\_\_\_\_ (Address Line 1)  
4 \_\_\_\_\_ (Address Line 2)  
5 \_\_\_\_\_ (Phone Number)

6 Plaintiff in Pro Per

7  
8 **UNITED STATES DISTRICT COURT**  
9  
10 **CENTRAL DISTRICT OF CALIFORNIA**

11 \_\_\_\_\_,  
12 **Plaintiff,**  
13 **vs.**  
14 \_\_\_\_\_  
15 \_\_\_\_\_  
16 \_\_\_\_\_  
17 \_\_\_\_\_,  
18 **Defendant(s).**  
19 \_\_\_\_\_

Case No.: \_\_\_\_\_

**PROOF OF SERVICE ON AN  
AGENCY OR CORPORATION OF  
THE UNITED STATES**

20  
21 I, \_\_\_\_\_, declare as follows:  
22 (name of server)

23 1. At the time of service I was at least 18 years of age and **not a party to this**  
24 **lawsuit.**

25 2. I served copies of the summons, complaint, and certificate and notice of  
26 interested parties (hereinafter referred to as "copies").  
27

28 ///

1 3. I served the agency or corporation of the United States by doing each of the  
2 following: (you must complete and check a, b, and c below)

3  
4 a. **Mail Service on the United States Attorney for the Central**  
5 **District of California** in compliance with the Federal Rules of Civil  
6 Procedure. I mailed copies to the Civil-Process Clerk via certified or  
7 registered mail to:

8 Civil-Process Clerk  
9 U.S. Attorney's Office for the Central District of California  
10 Federal Building  
11 300 North Los Angeles Street, Suite 7516  
12 Los Angeles, CA 90012

13 Date: \_\_\_\_\_

14 A copy of the signed return receipt is attached.

15  
16 b. **Mail Service on the Attorney General of the United States** in  
17 compliance with the Federal Rules of Civil Procedure. I mailed  
18 copies to the Attorney General via certified or registered mail to:

19 Attorney General of the United States  
20 U.S. Department of Justice  
21 950 Pennsylvania Avenue, NW  
22 Washington, D.C. 20530-0001

23 Date: \_\_\_\_\_

24 A copy of the signed return receipt is attached.

25  
26 ///

27 ///

28 ///

1 c. **Mail service on the agency or corporation** in compliance with the  
2 Federal Rules of Civil Procedure. I mailed copies via certified or  
3 registered mail to:

4 Name: \_\_\_\_\_ (Agency or Corporation)

5 Address: \_\_\_\_\_ (street)

6 \_\_\_\_\_ (city, state, zip code)

7 Date: \_\_\_\_\_

8 A copy of the signed return receipt is attached.

9  
10 4. My name, address, and telephone number are:

11 \_\_\_\_\_ (Full Name)

12 \_\_\_\_\_ (Address Line 1)

13 \_\_\_\_\_ (Address Line 2)

14 \_\_\_\_\_ (Phone Number)

15  
16 5. I am not a registered California process server.

17  
18 I declare under penalty of perjury that the foregoing is true and correct.

19  
20 Executed on \_\_\_\_\_ at \_\_\_\_\_  
21 (date) (place of signing)

22  
23 \_\_\_\_\_ (Signature)

24 \_\_\_\_\_ (Name)