ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS) NO.:	TELEPHONE	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TULARE STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE:		_
□ Guardianship □ Conservatorship □ Estate of		
DECLARATION OF DUE DILIGENCE		CASE NUMBER:

Note: Please use one form for each person you are unable to serve/locate.

I, the undersigned, declare:

1. I made a reasonable search and cannot locate and serve the following person:

Name	Relationship to Minor/Conservator/Decedent		
2. I do not know the name of the person I am to serve and I am unable to find out that information because:			

- 3. The last known address of the person named in item 1 is:
- 4. I spoke with the following relatives and friends of the person named in item 1, or others having knowledge of the person's whereabouts: (MANDATORY)

Name	Date of Contact	Relationship to Person in item1	Result

(Complete at least three of items 5 through 9)

- 5. I searched the telephone directory for ______ County (where the person was last known to live) and this was the result:______
- 6. I contacted the California Prisoner Locator System at (916) 445-6713 and this was the result [complete only if there is reason to believe the person is incarcerated in California]: ______

Insert Case Name:	Case #

- 7. I searched the internet to locate the person and this was the result:
- 8. I checked with the following persons who may have knowledge concerning the whereabouts of the person named in item 1:

Last known employer:	Date of contact:	Result:

Last known landlord:	Date of contact:	Result:

9. I have checked public records in _____ County with the following results:

Tax Assessor's Name:	
Voter Registration Records:	
Other:	

- 10. The last contact I had with the person named in item 1 was or the last information concerning his/her whereabouts is as follows: (MANDATORY)
- 11. If requesting Notice by Publication, the newspaper most likely to give notice is: ______ because _____

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I declare under penalty of perjury under the laws of the State of California that the forgoing is true and correct.

Executed on (date), at (city) _	, California.
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Type or print name	_ Signature
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