SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE HEMET 880 N. State St., Hemet, CA 92543 RIVERSIDE 4175 Main St., Riverside, CA 92501 INDIO 46-200 Oasis St., Indio, CA 92201 **RI-A817** ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address): FOR COURT USE ONLY TELEPHONE NO.: FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): IN THE MATTER OF THE PETITION OF: CASE NUMBER: **NOTICE OF HEARING RE:** PETITION TO DETERMINE PARENTAL RIGHTS OF ALLEGED NATURAL FATHER AND TO DETERMINE NECESSITY OF CONSENT FC §7660 Re: ____ Birthdate: Place of Birth: Name of Natural Mother: _____ all persons claiming to be the father of the above named minor: Notice is hereby given that the adopting parent(s) has/have filed a Petition to Determine Parental Rights of Alleged Natural Father and to Determine Necessity of Consent to an adoption of the minor child, which Petition has been set for hearing _____ , on the _____ day of at the courtroom of of the Superior Court of California, County of Riverside, Department , California to which such Petition reference is hereby made for further particulars. Should you feel your consent to such adoption is necessary, you should appear then and there to show cause, if any you have, why such child should not be adopted without your consent. Dated this ____day of (TYPE OR PRINT NAME OF ☐ ATTORNEY ☐ PARTY MAKING DECLARATION) (SIGNATURE)

For service other than by publication, a copy of the Petition must be served with this notice.

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		IER/PLAINTIFF: ANT/RESPONDENT: CASE NUMBER:		
PROOF OF SERVICE I served this notice and copy of petition as follows: (Type or Print)				
1.	Nam	e:		
2.	Person served and title:			
3.	Person with whom left, title or relationship to person served			
4.	Date and time of delivery:			
5.	Mailing date, type of mail:			
6.	Addr	Address, city and state (when required, indicate whether address is home or business):		
7.	Man	Manner of service: (Check applicable box for each person served and complete this form.)		
		(Personal service) By handing copies to the person served (CCP 415.10)		
		(Substituted service on corporation, unincorporated association (including partnership), or public entity). By leaving during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left, (CCP 415.20(a)). Place of mailing:		
		(Substituted service on natural person, minor, incompetent, or candidate) By leaving copies at the dwelling house, usual place of abode or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of his office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP 415.20(B)) (Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.) Place of mailing:		
		(Mail and acknowledgment service) By mailing (by first class mail or airmail) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender. (CCP 415.30. Attach written acknowledgment of receipt.) Place of mailing:		
		(Certified or registered mail service) By mailing to address outside California (by registered or certified airmail with return receipt requested). Copies to the person served. (CCP 415.40. Attach signed return receipt or other evidence of actual delivery to the person served.) Place of mailing:		
		(Other-CCP 413.10, 413.30, 417.10-417.30 – attach separate pages if necessary):		
The notices stated hereon appeared on the copy served (CCP 412.30 or 474.) At the time of service I was at least 18 years of age and				

Total \$

not a party to the action.

Fee for service \$

Mileage \$ _____ Notary \$ _____

PETITIONER/PLAINTIFF: DEFENDANT/RESPONDENT:	CASE NUMBER:
To be completed in California by process server, other than a sheriff, marshal or constable*	To be completed in California by sheriff, marshal or constable*
I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on	I certify that the foregoing is true and correct and that this certificate was executed on
(insert date):	(insert date):
at (insert place):	Cupariar Caurt District
California.	Superior Court District.
(TYPE OR PRINT NAME, ADDRESS AND TELEPHONE NUMBER)	(TYPE OR PRINT NAME, ADDRESS AND TELEPHONE NUMBER)
(SIGNATURE)	(SIGNATURE)

This declaration or certificate of service must be executed within California (CCP 2015.5). A proof of service executed outside California must be made by affidavit.