

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and Address): _____ _____ TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
SHORT TITLE: _____	
<p style="text-align: center;"><b>REQUEST FOR ADMISSIONS</b></p> <input type="checkbox"/> Truth of Facts <input type="checkbox"/> Genuineness of Documents <b>Requesting Party:</b> _____ <b>Responding Party:</b> _____ <b>Set No.:</b> _____	CASE NUMBER: _____

You are requested to admit within thirty days after service of this *Request for Admissions* that

1.  each of the following facts is true (number each fact consecutively):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Continued on Attachment 1

2.  the original of each of the following documents, copies of which are attached, is genuine (number each document consecutively):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Continued on Attachment 2.

\_\_\_\_\_  
(TYPE OR PRINT NAME)

▶ \_\_\_\_\_  
(SIGNATURE OF PARTY OR ATTORNEY)