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):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ——	
STREET ADDRESS: ———	
MAILING ADDRESS: ———	
CITY AND ZIP CODE: ———	
BRANCH NAME: ———	
PLAINTIFF/PETITIONER: ———	
DEFENDANT/RESPONDENT: ———	
	CASE NUMBER:
DECLARATION	
	
	
	
	
I declare under penalty of perjury under the laws of the State of California that the forego	oing is true and correct.
Date:	
L	
(TYPE OR PRINT NAME) (SIG	NATURE OF DECLARANT)
Attorney for	Plaintiff Petitioner Defendant
Respondent	Other (Specify): ——
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