

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> FAMILY COURT BUILDING, 1555 6TH AVE., SAN DIEGO, CA 92101-3294 <input type="checkbox"/> MADGE BRADLEY BUILDING, 1409 4TH AVE., SAN DIEGO, CA 92101-3105 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081-6651 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020-3941 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910-5649	
PETITIONER(S)	
RESPONDENT(S)	
FAMILY LAW CERTIFICATE OF ASSIGNMENT	
CASE NUMBER	

THIS FORM IS REQUIRED IN ALL NEW FAMILY LAW CASES (EXCEPT CASES HEARD BY THE FAMILY SUPPORT DIVISION).

I declare that this action is properly filed at the *(check one)*

- Central Division, Family Law Courthouse (6th Avenue, San Diego)
- Central Division, Madge Bradley Building (4th Avenue, San Diego)
- South County Division (3rd Avenue, Chula Vista)
- East County Division (East Main Street, El Cajon)
- North county Division (South Melrose Drive, Vista)

because the *(check at least one)*

- petitioner/plaintiff
- respondent/defendant
- other: _____

reside(s) within the branch court boundaries.

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

Date: _____

Signature of Party or Attorney