			MC-030
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE C	DNLY
_			
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 foregoi	ng is true and correct.	
Date:			
(TYPE OR PRINT NAME)	(SIC	GNATURE OF DECLARANT)	
•		<u></u>	
		Plaintiff Petitioner	☐ Defendant
	Respondent	Other (Specify):	