ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):			FOR COURT USE ONLY
_			
TELEPHONE N	NO.: FAX NO. (Optional):		
E-MAIL ADDRESS (Option			
ATTORNEY FOR (Nai	<u> </u>		
	OF CALIFORNIA, COUNTY OF		
STREET ADDRE			
MAILING ADDRE			
CITY AND ZIP CO			
BRANCH NA	ME:		
PETITIONER:			
RESPONDENT:			
OTHER:			
NO	OTICE AND ACKNOWLEDGMENT OF F	RECEIPT	CASE NUMBER:
To (name of individual being served):			
NOTICE			
The documents identified below are being served on you by mail with this acknowledgment form. You must personally sign, or a person authorized by you must sign, this form to acknowledge receipt of the documents.			
If the documents described below include a summons and you fail to complete and return this acknowledgment form to the sender within 20 days of the date of mailing, you will be liable for the reasonable expenses incurred after that date in serving you or attempting to serve you with these documents by any other methods permitted by law. If you return this form to the sender, service of a summons is deemed complete on the date you sign the acknowledgment of receipt below. This is <b>not</b> an answer to the action. If you do not agree with what is being requested, you must submit a completed <i>Response</i> form to the court within 30 calendar days.			
Date of mailing:		<b>)</b>	
(TYPE OR PRINT NAME) (SIGNATURE			E OF SENDER—MUST NOT BE A PARTY IN THIS CASE AND MUST BE 18 OR OLDER)
ACKNOWLEDGMENT OF RECEIPT			
(To be completed by sender before mailing)			
I agree I received the	ne following:		
a. Family Law: <i>Petition</i> (form FL-100), Summons (form FL-110), and blank <i>Response</i> (form FL-120)			
b. Family Law—Domestic Partnership: Petition—Domestic Partnership (form FL-103), Summons (form FL-110), and blank Response—Domestic Partnership (form FL-123)			
c. U			
	ustody and Support: Petition for Custody and blank Response to Petition for Custody an		
e (1	Completed and blank Declaration Uniform Child Custody Jurisdiction		mpleted and blank <i>Financial Statement</i> mplified) (form FL-155)
(2	Enforcement Act (UCCJEA) (form I  Completed and blank Declaration of	. (9) 0/(	der to Show Cause (form FL-300), Application Order and Supporting Declaration (form
	Disclosure (form FL-140)	FL-	FL-310), and blank Responsive Declaration to Order to Show Cause or Notice of Motion (form FL-320) Other (specify):
(3	and Debts (form FL-142)	FL-	
(4	Completed and blank <i>Income and Expense Declaration</i> (form FL-150)		ioi (opoony).
(To be completed by recipient)			
Date this acknowledgment is signed:			
	(TYPE OR PRINT NAME)	(SIGNA	TURE OF PERSON ACKNOWLEDGING RECEIPT)