			MC-030
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONL	.Y
-			
TELEPHONE NO.: FAX NO. (Optional):			
-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):			
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SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
PLAINTIFF/PETITIONER:			
EFENDANT/RESPONDENT:			
		CASE NUMBER:	
DECLARATION			
I declare under penalty of perjury under the laws of the State o	f California that the forego	ing is true and correct.	
Date:	·		
200.			
(TYPE OR PRINT NAME)	(SI	GNATURE OF DECLARANT)	
	☐ Attorney for ☐	Plaintiff Petitioner	Defendar
		Other (Specify):	
	☐ IZeshoudeur ☐	J Caler (Opeony).	