			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):			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF			
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
PLAINTIFF/PETITIONER:			
EFENDANT/RESPONDENT:			
		CASE NUMBER:	
DECLARATION		CASE NUIVIDEN:	
DECLARATION			
I declare under penalty of perjury under the laws of the State o	f California that the foregoi	ng is true and correct	
	. Samorna mat me ioregoi	ng is true and contect.	
Date:			
(TYPE OR PRINT NAME)	(SIG	GNATURE OF DECLARANT)	
	Attorney for	Plaintiff Petitioner [Defendar