

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY
TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITION OF (Name of petitioner):		CASE NUMBER:
DECLARATION IN SUPPORT OF PETITION FOR RELIEF FROM FINANCIAL OBLIGATIONS DURING MILITARY SERVICE		

I (name): declare as follows:

1. I am or was a member of the National Guard or a reservist of the United States military reserves, and I (*check the applicable boxes*): have been called or ordered into am currently serving am within six months of having completed full-time active duty service in the state or federal armed services or reserves. (Mil. & Vet. Code, § 400(b).)
2. The effective date of the orders for my most current period of military service is:
3. My expected dates and location of full-time active service are as follows (*describe dates [including beginning and release dates] and location in service, with rank, branch, and unit of service*):
4. I have attached as Exhibit A a true and correct copy of (*check one*): my military orders a certificate attesting to information in item 3 signed by an appropriately authorized officer of my military department branch or unit other documents as evidence of my military service, listed below. (*Bring original of documents to hearing if available.*)
5. The financial obligation or liability from which I am seeking relief is (*identify and describe in detail what obligation or liability to respondent you are seeking relief from, including when they were incurred*):

Continued on form MC-025 (*attach that form if you need more space*).

6. I have attached as Exhibit B true and correct copies of evidence of the above obligation as follows (*Attach copy of mortgage statement, loan statement, bill, tax bill, or other evidence of your financial obligations or liabilities and list the documents below*.)

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

7. The following facts show why my ability to pay the financial obligation or liability to respondent has been materially affected by my *most current period of military service*:

Continued on form MC-025 (*attach that form if you need more space*).

8. I have attached as Exhibit C copies of documents that support the above facts. (*List any documents you have attached to support the facts described above*):

9. Number of pages attached to this declaration: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing, including statements on all attachments, is true and correct.

Date:



(TYPE OR PRINT NAME OF DECLARANT)

(SIGNATURE OF DECLARANT)