

<p><i>(Party without an attorney should provide this information on Confidential Information Form (form SH-001))</i></p> <p>ATTORNEY NAME: _____ STATE BAR NUMBER: _____</p> <p>FIRM NAME: _____</p> <p>STREET ADDRESS: _____</p> <p>CITY: _____ STATE: _____ ZIP CODE: _____</p> <p>TELEPHONE NO.: _____ FAX NO.: _____</p> <p>EMAIL ADDRESS: _____</p> <p>ATTORNEY FOR (name): _____</p>	<p><b>FOR COURT USE ONLY</b></p>
<p><b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____</b></p> <p>STREET ADDRESS: _____</p> <p>MAILING ADDRESS: _____</p> <p>CITY AND ZIP CODE: _____</p> <p>BRANCH NAME: _____</p>	
<p><i>(Use Doe name where appropriate)</i></p> <p>PLAINTIFF/PETITIONER: _____</p> <p>DEFENDANT/RESPONDENT/ESTATE OF: _____</p> <p>OTHER PARTY/PARENT: _____</p>	
<p><b>DECLARATION IN SUPPORT OF MOTION TO PLACE DOCUMENTS UNDER SEAL UNDER CODE OF CIVIL PROCEDURE SECTION 367.3 (SAFE AT HOME)</b></p>	<p>CASE NUMBER: _____</p>

*This form must be filed any time a Motion to Place Documents Under Seal Under Code of Civil Procedure Section 367.3 (Safe at Home) (form SH-020) is filed.*

I declare as follows:

1. I have personal knowledge of the facts stated in this declaration and could and would testify competently to those facts.
2. I am an active participant in the Secretary of State's confidential address program, Safe at Home.
3. I am seeking to have the court place under seal (make confidential) the documents identified on the *Motion to Place Documents Under Seal Under Code of Civil Procedure Section 367.3 (Safe at Home)* (form SH-020).
4. Facts showing that there is an overriding interest in my safety or confidentiality that overcomes the right of public access to the records in this proceeding and that this overriding interest supports placing the documents under seal in this proceeding are as follows (*specify*):
  - a. I am participating in the Safe at Home program.
  - b. Because of my participation, Code of Civil Procedure section 367.3 authorizes my name and identifying characteristics to be kept confidential in any civil action.
  - c. ☐ Other (*specify*): \_\_\_\_\_

☐ Continued on Attachment 4 (*If you need more space, attach form MC-025.*)

(Use Doe name where appropriate)

PLAINTIFF/PETITIONER:

DEFENDANT/RESPONDENT/ESTATE OF:

OTHER PARTY/PARENT:

CASE NUMBER:

5. Facts showing that there is a substantial probability that the overriding interest in my safety or confidentiality described in item 4 will be prejudiced (harmed or impaired) if the records in this proceeding are not sealed (made confidential) are *(specify)*:

☐ Continued on Attachment 5. *(If you need more space, attach form MC-025.)*

6. The fact showing that an order sealing the records in this action is narrowly tailored to protect that overriding interest is that the versions of the documents that pseudonymous party has lodged (submitted) with the court redact (black out) only the pseudonymous party's identifying characteristics as provided under Code of Civil Procedure section 367.3.
7. The fact showing that there is no less restrictive means to protect that overriding interest than placing the record under seal is that the versions of the documents that the pseudonymous party has lodged (submitted) with the court do not redact (black out) any information other than the pseudonymous party's identifying characteristics as provided under Code of Civil Procedure section 367.3.


☐ The number of pages attached is:

*(The pseudonymous party must sign here)*

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. I agree that when I sign this declaration using my Doe name, I sign as the party identified on the *Confidential Information Form* (form SH-001).

Date:

\_\_\_\_\_  
(TYPE OR PRINT DOE NAME)

 \_\_\_\_\_  
(SIGN DOE NAME)