ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): ——		FOR COURT USE ONLY		
TELEPHONE NO.:	FAX NO. (Optional):			
E-MAIL ADDRESS (Optional):				
ATTORNEY FOR (Name):				
SUPERIOR COURT OF CALIFOR	NIA, COUNTY OF			
STREET ADDRESS: MAILING ADDRESS:				
CITY AND ZIP CODE:				
BRANCH NAME:				
CASE NAME:				
		CASE NUMBER:		
ORDER TO ATTEI Subp				
		ow the orders checked in item 2 below. If you do no		
tne judge can tine you, send you [.] 1. To: (<i>name or business</i>)	to jail, or issue a warrant for your arrest.			
You must follow the court ord	ler(s) checked helow:			
a. Attend the hearing				
	and bring all items checked in c. below.			
	hese items to the court (Do not use this form to obt	ain Iuvenile Court records):		
	mese items to the court (Do not use this form to obt	•		
	ed, provide all items listed on the attached sheet la	heled "Provide These Items"		
	responsible for maintaining the items checked in c.	above, that person (the Custodian of Records) mus		
	ed and you deliver all items listed above to the cou	rt within 5 days of service of this order you do		
	court if you follow the instructions in item 5.	in while of days of sol vice of the order, year as		
3. Court Hearing Date:	The court hearing wil	The court hearing will be at (name and address of court):		
Date:	Time:			
Dept.:				
must get permission from	em 4 below to make sure the hearing date has not on the person in item 4. You may be entitled to witnes tem 4 after your appearance.	changed. If you cannot go to court on this date, you as fees, mileage, or both, in the discretion of the		
4. The person who has requir	ed you to attend court or provide documents is:	FOR COURT USE ONLY		
Name:	Phone No.:			
Address:				
Number, Street,	Apt. No.			
City	State Zip			
Date:	Signature			
	Name and	H Title		

CASE NAME:			CASE NUMBER:
_			
5 a. Put all items checked in item 2c a person in item 4 where to get this	and your completed <i>Declaration</i> form.) Attach a copy of page	n of Custodian of Records form 1 of this order to the envelope.	n in an envelope. (You can ask the
b. Put the envelope inside another information on the outer envelop		y of page 1 of this form to the c	outer envelope or write this
(1) Case name			
(2) Case number			
(3) Your name(4) Hearing date, time, and depa	rtmont		
c. Seal and mail the envelope to the		etad in Litam 2 or Lit	he court address in the cantion on
page 1 . You must mail these do			
 If you are the Custodian of Records. Do <u>not</u> include a cop 		rson in item 4 a copy of your co	mpleted Declaration of Custodian
	The server fills out th	e section below. —	
	Proof of Service of	f CR-125/JV-525	
I personally served a copy of this su			
Date:	Time:	a.m	□ p.m.
At this address:			
After I served this person, I mailed Mailed from <i>(city):</i>	or delivered a copy of this Prod		em 4 on <i>(date):</i>
2. I received this order for service on			not able to serve (name of person)
		npts) attempts be	
a The person is not known a	ut this address.		
b The person moved and the	e forwarding address is not kn	own.	
c. There is no such address.			
d. The address is in a differe	nt county.		
e. I was not able to serve by	the hearing date.		
f. Other (explain):			
3. Server's name:		Phone no	
4. The server (check one)			
a. is a registered process s	· · · <u>—</u> .	s for a registered process serve	
b. is not a registered proce	ocotic	empt from registration under Bu on 22350(b).	usiness and Professional Code
- Io a oriorini, maroriai, or c	onstable.	()	
5. Server's address: If server is a registered process se			
County of registration:		Registration no.:	
I declare under penalty of perjury under and the information above is true and c			
Date:			
<u> </u>	_	•	
TYPE OR PRINT NAME O	 NE SERVER	SIGNATII	RE OF SERVER

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