	MC-030
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 CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PLAINTIFF/PETITIONER:	
DEFENDANT/RESPONDENT:	
DEGLADATION	CASE NUMBER:
DECLARATION	
I declare under penalty of perjury under the laws of the State of California that the foregoi	ng is true and correct
	ng to trao and corroot.
Date:	
(TYPE OR PRINT NAME) (SIG	GNATURE OF DECLARANT)
Attorney for	Plaintiff Petitioner Defendant
	Other (Specify):