

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO.(Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<i>FOR COURT USE ONLY</i>	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO CENTRAL DIVISION, HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CA 92101		
PLAINTIFF	CASE NUMBER:	
DEFENDANT	HEARING DATE:	
RETURN RECEIPT FOR CERTIFIED MAIL – ORIGINAL GREEN CARD	TIME:	DEPT: