MC-030

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional):	
EMAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 CENTRAL DIVISION, HALL OF JUSTICE 330 W. BROADWAY, SAN DIEGO, CA 92101 CENTRAL DIVISION, JUVENILE COURT, 2851 MEADOW LARK DR., SAN DIEGO, CA 92123 NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 EAST COUNTY DIVISION, 500 E. MAIN, EL CAJON, CA 92020 SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
PLAINTIFF/PETITIONER:	
DEFENDANT/RESPONDENT:	
DECLARATION	CASE NUMBER:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date:

(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)	
	Attorney for Plaintiff Petitioner Defendant Respondent Other <i>(Specify):</i>	