			MC-030
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE O	VLY
TELEPHONE NO.: FAX NO. (Optional):			
MAIL ADDRESS (Optional):			
ATTORNEY FOR (Name):			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF			
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
PLAINTIFF/PETITIONER:			
EFENDANT/RESPONDENT:			
		CASE NUMBER:	
DECLARATION			
I declare under penalty of perjury under the laws of the State o	f California that the foregoi	ing is true and correct.	
Date:	Ü	-	
Date.			
(TYPE OR PRINT NAME)	(SIC	GNATURE OF DECLARANT)	
	•	Plaintiff Petitioner	Defendar
	I I Respondent	Other (Specify):	