ATTORNEY OR PARTY WITHOUT ATTORNE	EY (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 CALIFO STREET ADDRESS:	DRNIA, COUNTY OF	
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONER/PLAINTIFF:		
RESPONDENT/DEFENDANT:		
OTHER PARENT/PARTY:		
		CASE NUMBER(S):
FAMIL	Y LAW EXHIBIT LIST	
Attachment to:		
	der (FL-300) Responsive Declaration (FL-320)	Domestic Violence Filing
	Settlement Conference Statement Other (specify	
☐ Petitioner ☐ Responder	at \square Other intends to call the following exhibits at the	e time of hearing / trial scheduled for
EXHIBIT	BRIEF D	ESCRIPTION
)	
(TYPE OR PR	INT NAME)	(SIGNATURE OF PARTY OR ATTORNEY) Page 1 o

PETI	TIONER:	CASE NUMBER(S):
RESI	PONDENT:	
	PROOF	F OF SERVICE BY MAIL
. 1	am at least 18 years of age and not a party	to this action.
. N	Ny residence / employment address where	the mailing is referenced herein occurred is:
. 1:	served a copy of the following documents ((specify): by enclosing them in an envelope AND
a. b.	placing the envelope for collection and our ordinary business practices. I am reac processing correspondence for mailing. C	the United States Postal Service with the postage fully prepaid. It mailing on the date and at the place shown in item 4 following dily familiar with this business's practice for collecting and On the same day that correspondence is placed for collection and ourse of business with the United States Postal Service in a sealed
T a. b.		follows:
c. d.	5 (0') 0(1) 7') <i>:</i>
a. b.	*	
c. d.		
Ι	declare under penalty of perjury under the la	laws of the State of California that the foregoing is true and correct.
ate:		

(TYPE OR PRINT NAME)

Page 2 of 2

(SIGNATURE)