

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED STREET ADDRESS: 2260 N Street MAILING ADDRESS: 627 W. 21 st Street CITY AND ZIP CODE: Merced, CA 95340 BRANCH NAME: Family Law	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
COVER PAGE FOR CONFIDENTIAL RECORDS	CASE NUMBER: _____

I, _____, declare as follows:

I am the Petitioner Respondent Other Parent in this case.

Attached hereto are true and correct copies of the following confidential incident reports in connection with

Petitioner's Respondent's Other Parent's

Request for Order Request for Domestic Violence Restraining Order Mediation.

- 1. Report of _____ Police Department dated _____.
- 2. Report of _____ Police Department dated _____.
- 3. Report of _____ Police Department dated _____.
- 4. Report of _____ Police Department dated _____.
- 5. Report of _____ Police Department dated _____.

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 (Specify): _____