PARTY WIHOUT ATTORNEY OR	ATTORNEY S	STATE BAR NUMBER			
NAME:					
FIRM NAME:					
STREET ADDRESS:					
CITY:	STATE:	ZIP CODE:			
TELEPHONE NO:	FAX NO:				
E-MAIL ADDRESS:					
ATTORNEY FOR (name):					
SUPERIOR COURT OF CA	LIFORNIA, COU	NTY OF SISKIYOU			
STREET ADDRESS:					
MAILING ADDRESS: CITY AND ZIP CODE:					
BRANCH NAME			,		
Petitioner/Plaintiff:			CASE NUME	DED:	<u> </u>
Respondent/Defendant:			CASE NOIVIE	DEN.	
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BY A PA	ARTY WITH A I	FEE WAIVER			
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Mandatory Form Revised effective 7/1/2020