

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, Address, Phone</i> ):  TELEPHONE NO.: _____ FAX NO. ( <i>Optional</i> ): _____ <u>E-MAIL ADDRESS (Mandatory):</u> ATTORNEY FOR ( <i>Name</i> ): _____	FOR COURT USE ONLY          CASE NUMBER: _____
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SOLANO</b> STREET ADDRESS:      600 Union Avenue      580 Texas Street MAILING ADDRESS:      PO Caller 5000 CITY AND ZIP CODE:      Fairfield, CA 94533      Fairfield, CA 94533	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT: _____	
<p style="text-align: center;"><b>CONTACT INFORMATION</b></p>	

1. My name is: \_\_\_\_\_

2. My contact information is:
- a. Street:
  - b. City:
  - c. Mailing Address (if different than above):
  - d. State and zip code:
  - e. Telephone number:
  - f. **E-mail address:**

3. All notices and documents regarding the action should be sent to the above address:

***If you are updating or changing your address that is currently on file with the court, please also complete Judicial Council Form MC-040.***

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

Date: \_\_\_\_\_  
\_\_\_\_\_  
Signature of Declarant