ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*

TELEPHONE NO.: FAX NO. *(Optional):*

E-MAIL ADDRESS *(Optional):*

ATTORNEY FOR *(Name):*

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SUPERIOR COURT OF CALIFORNIA, COUNTY OF Inyo

STREET ADDRESS: 301 West Line Street

MAILING ADDRESS: 301 West Line Street

CITY AND ZIP CODE: Bishop, CA 93514

BRANCH NAME:

PLAINTIFF/PETITIONER:

DEFENDANT/RESPONDENT:

CASE NUMBER:

DECLARATION

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):*

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