

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): TELEPHONE NO:  ATTORNEY FOR (NAME):	FOR COURT USE ONLY NOTICE TO CLERK Place in confidential part of the court file.
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA STREET ADDRESS: 200 SOUTH "G" STREET MAILING ADDRESS: 200 SOUTH "G" STREET CITY AND ZIP CODE: MADERA, CA 93637	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:	
<b>CONFIDENTIAL DECLARATION</b>	CASE NUMBER:

You are required to complete this *Confidential Declaration* when you file any petition or response in any family law case type. You are required to provide the social security numbers for yourself and your spouse on this form if you know them. This form will be kept in a confidential part of the court file and may not be disclosed without good cause shown to the court.

After you have completed this form, you may redact (block or cross out) any social security number listed on this form from any future document or other written material filed with the court.

You may not redact or change any previously filed documents without a court order.

Petitioner (name): \_\_\_\_\_

Address: \_\_\_\_\_

Alias (if any): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License: \_\_\_\_\_

Female  Male  Need Interpreter (if so, what language? \_\_\_\_\_ )

Respondent (name): \_\_\_\_\_

Address: \_\_\_\_\_

Alias (if any): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License: \_\_\_\_\_

Female  Male  Need Interpreter (if so, what language? \_\_\_\_\_ )

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 Your Name)

\_\_\_\_\_  
(Sign Your Name)