

CONFIDENTIAL

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME, ADDRESS, PHONE) Attorney for:	<i>FOR COURT USE ONLY NOTICE TO CLERK Place in confidential part of the court file.</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS Street Address: 800 11th Street, Modesto, CA 95354 Civil Clerk' Office: 1100 I Street, P.O. Box 1098, Modesto, CA 95353	
Petitioner: Respondent:	
CONFIDENTIAL DECLARATION	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: _____ **Drivers License:** _____

Female Male **NEED INTERPRETER (if so, what language? _____)**

Respondent (name): _____

Address: _____

Alias (if any): _____ **Social security number:** _____

Date of Birth: _____ **Drivers 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)