ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY
	CONFIDENTIAL Place in confidential
	part of the court file.
TELEPHONE NO: FAX NO.: E-MAIL ADDRESS (optional): ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA	
200 South G Street Madera, California 93637	
Civil Division	
PETITIONER:	
RESPONDENT:	
CONFIDENTIAL DECLARATION	CASE NUMBER:
You are required to complete this <i>Confidential Declaration</i> when you file any are required to provide the social security numbers for yourself and your spot in a confidential part of the court file and may not be disclosed without good. After you have completed this form, you may redact (block or cross out) any s document or other written material filed with the court.	use on this form if you know them. This form will be kept cause shown to the court.
You may not redact or change any previously filed documents without a cour	rt order.
1. Petitioner (name):	
Address:	
Alia (if any): Social Security Nu	umber:
Date of Birth: Driver's License:	
□ Female □ Male □ Need Interpreter If so, what language?	
2. Respondent (name):	
Address:	
Alia (if any): Social Security Nu	umber:
Date of Birth: Driver's License:	
□ Female □ Male □ Need Interpreter If so, what language?	
3. If self-represented, someone 🗌 did not 🗌 did as compensation. (<i>if you paid someone for assistance, state b</i>	
4. Name of Document Preparer:	
Address, city, and zip:	
County of registration number (<i>if LDA</i>):	
If prepared by an LDA, must complete local form MAD-CIV-019 Authoriza	ation for Non-Attorney Court Document Preparer.
I declare under penalty of perjury under the laws of the State of	California that the foregoing is true and correct
Date:	

Form Adopted for Mandatory Use Madera Superior Court Form Local Form MAD-CIV-010 [Rev. 09/15/2024] (SIGNATURE)