

PARTY WITHOUT ATTORNEY or ATTORNEY: _____ STATE BAR NO: _____ NAME: FIRM NAME: STREET ADDRESS: CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: ATTORNEY FOR (name): _____	FOR COURT USE ONLY CONFIDENTIAL
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARTY:	
CONFIDENTIAL RESPONSE TO REQUEST FOR SPECIAL IMMIGRANT JUVENILE FINDINGS	CASE NUMBER: _____
HEARING DATE: _____ TIME: _____ DEPARTMENT OR ROOM: _____	

1. SPECIAL IMMIGRANT JUVENILE FINDINGS

- a. I agree to the findings requested.
- b. I do not agree to the findings requested.
- c. I would agree to the following findings:

2. SUPPORTING INFORMATION

Contained in the attached declaration. (You may use *Attached Declaration* (form MC-031) for this purpose).

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

Date:

(TYPE OR PRINT NAME)



(SIGNATURE)