



JUDICIAL COUNCIL OF CALIFORNIA

455 Golden Gate Avenue · San Francisco, California 94102-3688

www.courts.ca.gov

REPORT TO THE JUDICIAL COUNCIL

For business meeting on May 24, 2018

Title

Forms: Technical Changes—Redesignate and Renumber 41 Miscellaneous (MC) Forms and Amend One Rule of Court

Rules, Forms, Standards, or Statutes Affected

Redesignate and renumber forms CR-174, MC-001, MC-002, MC-003, MC-060, MC-070, MC-095, MC-100, MC-101, MC-210, MC-265, MC-270, MC-275, MC-280, MC-281, MC-300, MC-301 (and foreign language versions), MC-305, MC-306, MC-310, MC-315, MC-360, MC-360A, MC-361, MC-361A, MC-362, MC-362A, MC-400, MC-600, MC-601, MC-602, MC-603, MC-700, MC-701, MC-702, MC-703, MC-704, MC-950, MC-955, MC-956, and MC-958; and amend Cal. Rules of Court, rule 3.36

Recommended by

Judicial Council staff

Patrick O'Donnell, Principal Managing

Attorney

Legal Services

Agenda Item Type

Action Required

Effective Date

September 1, 2018

Date of Report

March 22, 2018

Contact

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Executive Summary

There are currently over 75 Judicial Council forms (including a few foreign language versions) that bear a subject-area identifier of MC (Miscellaneous). “Miscellaneous” is not a very helpful term to a user who is searching for a particular form from the “Select a Category” drop-down list on the California Courts website. Many of the MC forms actually fit into discrete subject areas

that could be assigned unique category-identifying labels. Others could fit within an existing category-identifying label. Judicial Council staff recommend redesignating and renumbering 41 of these MC forms (plus four foreign language forms) to give them a more specific identifying label.

Recommendation

Judicial Council staff recommend that the council, effective September 1, 2018:

1. Create new forms category Birth, Marriage, Death (BMD) and renumber forms as follows:
 - a. MC-361 to BMD-001
 - b. MC-361A to BMD-001A
 - c. MC-362 to BMD-002
 - d. MC-362A to BMD-002A
 - e. MC-360 to BMD-003
 - f. MC-360A to BMD-003A
2. Create new forms category Emancipation of Minors (EM) and renumber forms as follows:
 - a. MC-300 to EM-100
 - b. MC-301 (and foreign language versions MC-301-C, MC-301-K, MC-301-S, and MC-301-V) to EM-100-INFO (and corresponding C, K, S, and V versions)
 - c. MC 305 to EM-109
 - d. MC-306 to EM-115
 - e. MC-310 to EM-130
 - f. MC-315 to EM-140
3. Create new forms category Habeas Corpus (HC) and renumber forms as follows:
 - a. MC-275 to HC-001
 - b. MC-265 to HC-002
 - c. MC-270 to HC-003
 - d. CR-175 to HC-004
4. Create new forms category Jury Selection (JURY) and renumber forms as follows:
 - a. MC-001 to JURY-001
 - b. MC-002 to JURY-002
 - c. MC-003 to JURY-003
 - d. MC-070 to JURY-010
5. Create new forms category Menacing Dog (MD) and renumber forms as follows:
 - a. MC-600 to MD-100
 - b. MC-601 to MD-109
 - c. MC-602 to MD-130
 - d. MC-603 to MD-140
6. Create new forms category Vexatious Litigants (VL) and renumber forms as follows:
 - a. MC-700 to VL-100

- b. MC-701 to VL-110
 - c. MC-702 to VL-115
 - d. MC-703 to VL-120
 - e. MC-704 to VL-125
7. Move the following forms to the Civil (CIV) category as follows:
- a. MC-950 to CIV-150
 - b. MC-955 to CIV-151
 - c. MC-956 to CIV-152
 - d. MC-958 to CIV-153
 - e. MC-100 to CIV-160
 - f. MC-101 to CIV-161
 - g. MC-095 to CIV-170
8. Move the following forms to the Criminal (CR) category as follows:
- a. MC-210 to CR-105
 - b. MC-280 to CR-173
 - c. MC-281 to CR-174
 - d. MC-400 to CR-220
9. Move form MC-060 to the Case Management (CM) category and renumber as CM-011.
10. Amend rule 3.36 of the California Rules of Court to conform the internal references to forms to the new form designations and numbers.

A spreadsheet of re-designated and renumbered forms by name, old number, and new number is attached at pages 6–7. Drafts of the revised forms are attached at pages 8–118. The text of the amended rule is attached at pages 119–120##.

Relevant Previous Council Action

All forms proposed to be redesignated and renumbered have previously been adopted or approved by the Judicial Council.

Analysis/Rationale

Legal Services staff reviewed all of the MC forms and allocated each form to one of three destinations: (1) forms to move to a new, unique category; (2) forms to move to an existing category; and (3) forms to remain MC (Miscellaneous). The criteria used to make the determination were that there be a subject-area connection among forms to be moved to a new category and that there be a subject-area connection between a form and an existing category. There are at least four forms in each newly created category.

The redesignation of these MC forms will make it easier for users to find the form they are looking for. For example, if a user wants the form to commence an emancipation-of-minor proceeding, instead of having to search through the 75 forms in the Miscellaneous category for

Petition for Declaration of Emancipation of Minor (form MC-300), one will look for the form in the Emancipation of Minor category, where it will be listed as form EM-100. By having “Emancipation of Minor” appear in the category drop-down list, the user’s search will be simplified and the time spent looking for a form will be shortened substantially.

Other than changing to the revision date and changing internal cross-references to other forms being renumbered, no other changes are proposed for any of the forms.

Input from subject-area staff

Legal Services staff solicited the views of staff for the various advisory committees and subject matter groups with responsibility for the MC forms proposed to be redesignated and renumbered. The Center for Families, Children & the Courts agreed with the new forms identifiers BMD (Birth, Marriage, and Death) and EM (Emancipation of Minors). Criminal Justice Services agreed with the new forms identifier HC (Habeas Corpus) and to moving four forms from MC to CR (Criminal Law). The Jury Services group agreed with the new identifier JURY for the four forms related to jury service. Civil and Small Claims agreed with moving forms from MC to CIV (Civil) and CM (Case Management).¹

Minors Compromise MC forms

The Probate and Mental Health Advisory Committee staff agreed with the new forms identifier CC (Compromise of Claims) for the Minors Compromise forms, which are currently MC-350 through MC-358. However, this group is considering other substantive changes to these forms. For this reason, the Minors Compromise forms are not included in this technical change proposal. Probate and Mental Health will be proceeding separately, and will be presenting both substantive changes and the new identifiers.

Policy implications

These proposals would make technical changes only. While policy implications are limited the changed designations may improve access to courts by making forms easier to find.

Comments

These proposals were not circulated for public comment because they are noncontroversial and involve only technical revisions. They are, therefore, on a recommendation from its Rules and Projects Committee, within the Judicial Council’s purview to adopt without circulation. (See Cal. Rules of Court, rule 10.22(d)(2).)

¹ Form titles will remain unchanged and are shown on the spreadsheet of redesignated and renumbered forms at pages #-#.

The form numbers for the HC and CR forms were chosen by staff in Criminal Justice Services. The request to re-designate CR-175 as an HC form also came from Criminal Justice Services. The form numbers for the JURY forms were chosen by staff for Jury Services.

Alternatives considered

Consideration was given to changing the identifier for Miscellaneous forms from MC to MISC, so that MC could then be used for the new category Minors Compromise. But too many forms cross-refer to current form MC-025, *Attachment*. It would be prohibitively burdensome to rename this form everywhere that it appears in other forms.

Fiscal and Operational Impacts

Operational impacts are expected to be minor. The proposed revisions may result in reproduction costs if courts provide hard copies of any of the forms recommended for revision. Case management systems may need updating to revise form identifiers and numbers.

Attachments and Links

1. Spreadsheet of redesignated and renumbered forms by name, old number, and new number, at pages 6–7
2. Draft forms as redesignated and renumbered, at pages 8–##
3. Cal. Rules of Court, rule 3.36, at pages ##–##
4. Current forms categories on the California Courts website,
www.courts.ca.gov/forms.htm?filter=MC

Form Title	Old MC #	New #
Petition to Establish Fact, Time, and Place of Birth	MC-361	BMD-001
Declaration in Support of Petition to Establish Fact, Time, and Place of Birth	MC-361A	BMD-001A
Petition to Establish Fact, Date, and Place of Marriage	MC-362	BMD-002
Declaration in Support of Petition to Establish Fact, Date, and Place of Marriage	MC-362A	BMD-002A
Petition to Establish Fact, Time, and Place of Death	MC-360	BMD-003
Declaration in Support of Petition to Establish Fact, Date, and Time of Death	MC-360A	BMD-003A
Notice of Limited Scope Representation	MC-950	CIV-150
Application to Be Relieved As Attorney On Completion of Limited Scope Representation	MC-955	CIV-151
Objection to Application to Be Relieved As Attorney On Completion of Limited Scope Representation	MC-956	CIV-152
Order On Application to Be Relieved As Attorney On Completion of Limited Scope Representation	MC-958	CIV-153
Petition for Order Striking and Releasing Lien, etc. (Government Employee)	MC-100	CIV-160
Order to Show Cause (Government Employee)	MC-101	CIV-161
Petition and Declaration Regarding Unresolved Claims and Deposit of Undistributed Surplus Proceeds of Trustee's Sale	MC-095	CIV-170
Confidential Cover Sheet False Claims Action	MC-060	CM-011
Defendant's Financial Statement on Eligibility for Appointment of Counsel and Reimbursement and Record on Appeal at Public Expense	MC-210	CR-105
Order for Commitment (Sexually Violent Predator)	MC-280	CR-173
Order for Extended Commitment (Sexually Violent Predator)	MC-281	CR-174
Proof of Enrollment or Completion (Alcohol or Drug Program)	MC-400	CR-220
Petition for Declaration of Emancipation of Minor, Order Prescribing Notice, Declaration of Emancipation, and Order Denying Petition	MC-300	EM-100
Emancipation Pamphlet (and foreign language translations)	MC-301	EM-100-INFO
Notice of Hearing-Emancipation of Minor	MC-305	EM-109
Emancipation of Minor Income and Expense Declaration	MC-306	EM-115

Declaration of Emancipation of Minor After Hearing	MC-310	EM-130
Emancipated Minor's Application to California Department of Motor Vehicles	MC-315	EM-140
Petition for Writ of Habeas Corpus	MC-275	HC-001
Petition for Writ of Habeas Corpus-LPS Act (Mental Health]	MC-265	HC-002
Petition for Writ of Habeas Corpus-Penal Commitment (Mental Health)	MC-270	HC-003
Notice and Request for Ruling (Criminal)	CR-175	HC-004
Juror Questionnaire for Civil Cases	MC-001	JURY-001
Juror Questionnaire for Criminal Cases/Capital Case Supplement	MC-002	JURY-002
Juror Questionnaire for Expedited Jury Trial	MC-003	JURY-003
Juror's Motion to Set Aside Sanctions and Order	MC-070	JURY-010
Petition to Determine if Dog Is Potentially Dangerous or Vicious	MC-600	MD-100
Notice of Hearing (Menacing Dog)	MC-601	MD-109
Order After Hearing (Menacing Dog)	MC-602	MD-130
Notice of Appeal (Menacing Dog)	MC-603	MD-140
Prefiling Order - Vexatious Litigant	MC-700	VL-100
Request to File New Litigation by Vexatious Litigant	MC-701	VL-110
Order to File New Litigation by Vexatious Litigant	MC-702	VL-115
Application for Order to Vacate Prefiling and Remove Name from Statewide Vexatious Litigant List	MC-703	VL-120
Order on Application to Vacate Prefiling Order and Remove Plaintiff/Petitioner From Judicial Council Vexatious Litigant List	MC-704	VL-125

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">TELEPHONE NO.:</div> <div style="width: 45%;">FAX NO. (Optional):</div> </div> E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
IN THE MATTER OF (Name):	CASE NUMBER:
PETITION TO ESTABLISH FACT, TIME, AND PLACE OF BIRTH	HEARING DATE AND TIME: DEPT.:
<p style="text-align: center;">Notice to Petitioners</p> <p>At or before the court hearing on this petition, you must provide to the court a completed (filled-in) order for the judicial officer to sign. The order must be prepared on a form issued by the California Department of Public Health Vital Records (CDPH Vital Records), the <i>Order Establishing Fact of Birth</i> (form VS 108). The top portion of that form is the court order. The bottom portion of that form is the birth certificate you must submit for filing to CDPH Vital Records with a copy of the signed order certified by the clerk of the court. Form VS 108 may be obtained from CDPH Vital Records or from a county recorder or health department. Information about the form, including instructions on how to get it and how to complete and file it with the court and with CDPH Vital Records, is available online at www.cdph.ca.gov/certlic/birthdeathmar/Pages/CorrectingorAmendingVitalRecords.aspx.</p>	

1. a. Petitioner (name each):

is beneficially interested in and entitled under section 103450 of the California Health and Safety Code to an order establishing the fact and the time and place of the birth of the person named in item 2a.

b. Petitioner's beneficial interest in this matter is as follows:

- (1) ☐ I am the person named in item 2a.
- (2) ☐ I am related to the person named in item 2a as follows (specify the relationships of all petitioners to that person):
- (3) ☐ I am not related to the person named in item 2a.
- (4) ☐ I am interested in this matter for the following reasons (complete unless item 1b(1) is selected):

☐ Continued in Attachment 1b(4).

2. Petitioner requests the court to establish the fact, time, and place of the birth of the person named in item 2a.

a. Name:

b. Father's Name:

Mother's Name:

c. Time of birth (date and time of day):

☐ a.m. ☐ p.m.

d. Place of birth: City, town, township, or other (identify "other" if known):

(1) ☐ County:

State (U.S.):

(2) ☐ State or province:

Country:

IN THE MATTER OF (Name): _____	CASE NUMBER:
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3. (Check one of the following):

- a. ☐ There is no official record of the fact, time, and place of the birth of the person named in item 2a.
- b. ☐ A certified copy of the official record of the birth of the person named in item 2a cannot be obtained for the following reasons:

☐ Continued in Attachment 3b.

4. The person named in item 2a now resides at (street address and city):

County:

State:

5. Petitioner requests that the court make an order determining that the birth of the person named in item 2a did in fact occur at the time and at the place stated in items 2c and 2d, as shown by the *Declaration in Support of Petition to Establish Fact, Time, and Place of Birth* (form BMD-001A) and attachments, filed herewith, and by other proofs adduced at the hearing.

6. Number of pages attached: _____

Date:

(TYPE OR PRINT NAME OF ATTORNEY FOR PETITIONER)

▶ _____
(SIGNATURE OF ATTORNEY)

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct, except as to those matters stated on information and belief, and as to those matters, I am informed and believe them to be true.

Date:

(TYPE OR PRINT NAME OF PETITIONER)

▶ _____
(SIGNATURE OF PETITIONER)

Date:

(TYPE OR PRINT NAME OF PETITIONER)

▶ _____
(SIGNATURE OF PETITIONER)

Date:

(TYPE OR PRINT NAME OF PETITIONER)

▶ _____
(SIGNATURE OF PETITIONER)

BMD-001A

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____		
IN THE MATTER OF _____ (Name):	CASE NUMBER:	
DECLARATION IN SUPPORT OF PETITION TO ESTABLISH FACT, TIME, AND PLACE OF BIRTH	HEARING DATE AND TIME:	DEPT.:

(Name of declarant): _____ declares as follows:

1. I make the statements in this declaration based on my personal knowledge or on the contents of the documents identified in item 5.
 ("Personal knowledge" of a fact is knowledge that is **not** gained from another person's statements to you about that fact.)
2. a. I am at least 18 years of age.
 b. I reside at (street address and city): _____

County: _____

State: _____

3. (Name): _____ was born at
 approximately (time of birth): ☐ a. m. ☐ p. m. on (date): _____ at the following place:

a. City, town, township, or other (identify "other" if known): _____

b. ☐ County: _____

State (U.S.): _____

c. ☐ State or province: _____

Country: _____

4. Facts showing when and where the person named in item 3 was born and explaining how I have personal knowledge of those facts
☐ are stated in the space below ☐ are stated in Attachment 4 to this declaration.
 (If you are relying solely on the contents of the documents identified in item 5, please advise in the space below.)

IN THE MATTER OF (Name):	CASE NUMBER:
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5. ☐ Attached are true and correct copies of the following documents (*check each box that applies; statements of witnesses must be signed under oath, in an affidavit sworn before a Notary Public or with the following statement just above the signature: "I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct"*):
- a. ☐ Hospital records dated (*date of each*):
 - b. ☐ Physician's report dated (*date of each*):
 - c. ☐ Witness statements dated (*date of each*):
 - d. ☐ Other documents dated (*describe and give the date of each document; "Other documents" could include school or college records, vaccination certificates and other medical records, employment records, documents showing sources of support other than employment, family correspondence, diaries, photographs, and other similar family records*):

☐ Continued on Attachment 5d.

6. The birth of the person named in item 3, or the date, time, or place of birth ☐ is not ☐ is important to a court case or proceeding that is now pending and described below. (*If you selected "is," briefly describe the proceeding and provide the case name and number, the name and address of the court where the proceeding is pending, the names of all parties to the proceeding, and the names, addresses, and telephone numbers of their attorneys. Note: A court order made on a petition under Health and Safety Code section 103450, et seq., may not be effective against claims of persons or organizations not given notice of the petition for the order.*)

☐ Continued on Attachment 6.

7. Number of pages attached: _____

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 OF DECLARANT)		(SIGNATURE OF DECLARANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">TELEPHONE NO.:</div> <div style="width: 45%;">FAX NO. (Optional):</div> </div> E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
IN THE MATTER OF (Names):	CASE NUMBER:
PETITION TO ESTABLISH FACT, DATE, AND PLACE OF MARRIAGE *	HEARING DATE AND TIME:
DEPT.:	

Notice to Petitioners

At or before the court hearing on this petition, you must provide to the court a completed (filled-in) order for the judicial officer to sign. The order must be prepared on a form issued by the California Department of Public Health Vital Records (CDPH Vital Records), the *Order Establishing Fact of Marriage* (form VS 122). The top portion of that form is the court order. The bottom portion of that form is the marriage certificate you must submit for filing to CDPH Vital Records with a copy of the signed order certified by the clerk of the court. Form VS 122 may be obtained from CDPH Vital Records or from a county recorder or health department. Information about the form, including instructions on how to get it and how to complete and file it with the court and with CDPH Vital Records, is available online at www.cdph.ca.gov/certlic/birthdeathmar/Pages/CorrectingorAmendingVitalRecords.aspx.

*** Note: This form may help you establish the fact, date, and place of a marriage so you can create a record of the marriage. But the order on this petition or the marriage certificate filed with CDPH Vital Records will not necessarily establish the validity of the marriage for all purposes. Consultation with a California lawyer is recommended before you proceed.**

1. a. Petitioner (name each):

is beneficially interested in and entitled under section 103450 of the California Health and Safety Code to an order establishing the fact and the date and place of the marriage of the persons named in item 2a.

b. Petitioner's beneficial interest in this matter is as follows:

(1) ☐ I am one of the persons named in item 2a.

(2) ☐ I am related to a person named in item 2a as follows (specify the relationships of all petitioners to that person):

(3) ☐ I am not related to a person named in item 2a.

(4) ☐ I am interested in this matter for the following reasons (complete unless item 1b(1) is selected):

☐ Continued in Attachment 1b(4).

2. Petitioner requests the court to establish the fact, date, and place of the marriage of:

a. Names: _____ and: _____

b. Date of marriage:

c. Place of marriage: City, town, township, or other (identify "other" if known):

(1) ☐ County:

State (U.S.):

(2) ☐ State or province:

Country:

IN THE MATTER OF <i>(Names)</i> :	CASE NUMBER:
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3. *(Check one of the following):*

- a. ☐ There is no official record of the fact, date, and place of the marriage of the persons named in item 2a.
- b. ☐ A certified copy of the official record of the marriage of the persons named in item 2a cannot be obtained for the following reasons:

☐ Continued in Attachment 3b.

4. The persons named in item 2a now reside at *(street address and city of each person)*:
(Name):

County:
(Name):

State:

County:

State:

5. Petitioner requests that the court make an order determining that the marriage of the persons named in item 2a did in fact occur on the date and at the place stated in items 2b and 2c, as shown by the *Declaration in Support of Petition to Establish Fact, Date, and Place of Marriage* (form BMD-002A) and attachments, filed herewith, and by other proofs adduced at the hearing.

6. Number of pages attached: _____

Date:

<p>(TYPE OR PRINT NAME OF ATTORNEY FOR PETITIONER)</p>		<p>(SIGNATURE OF ATTORNEY)</p>
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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct, except as to those matters stated on information and belief, and as to those matters, I am informed and believe them to be true.

Date:

<p>(TYPE OR PRINT NAME OF PETITIONER)</p>		<p>(SIGNATURE OF PETITIONER)</p>
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Date:

<p>(TYPE OR PRINT NAME OF PETITIONER)</p>		<p>(SIGNATURE OF PETITIONER)</p>
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Date:

<p>(TYPE OR PRINT NAME OF PETITIONER)</p>		<p>(SIGNATURE OF PETITIONER)</p>
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BMD-002A

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
IN THE MATTER OF (Names):	CASE NUMBER:	
DECLARATION IN SUPPORT OF PETITION TO ESTABLISH FACT, DATE, AND PLACE OF MARRIAGE	HEARING DATE AND TIME:	DEPT.:

(Name of declarant): declares as follows:

1. I make the statements in this declaration based on my personal knowledge or on the contents of the documents identified in item 5.
 ("Personal knowledge" of a fact is knowledge **not** gained from another person's statements to you about that fact.)
2. a. I am at least 18 years of age.
 b. I reside at (street address and city):

County:

State:

3. (Names):

and

were married on (date):

at the following place:

a. City, town, township, or other (identify "other" if known):

b. ☐ County:

State (U.S.):

c. ☐ State or province:

Country:

4. Facts showing when and where the persons named in item 3 were married and explaining how I have personal knowledge of those facts ☐ are stated in the space below ☐ are stated in Attachment 4 to this declaration.
 (If you are relying solely on the contents of the documents identified in item 5, please advise in the space below.)

IN THE MATTER OF (Names): 	CASE NUMBER:
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5. ☐ Attached are true and correct copies of the following documents (check each box that applies; statements of officiating persons and witnesses must be signed under oath, in an affidavit sworn before a Notary Public or with the following statement just above the signature: "I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct"):
- a. ☐ Marriage license* dated (date of each):
* (A marriage license is required for a valid marriage in California. The procedure described in Health and Safety Code sec. 103450 et seq., cannot establish the validity of a California marriage if no marriage license was obtained.)
 - b. ☐ Officiating person's statement dated (date of each):
 - c. ☐ Witness statements dated (date of each):
 - d. ☐ Other documents dated (describe and give the date of each document):

☐ Continued on Attachment 5d.

6. The marriage of the persons named in item 3, or the date or place of the marriage ☐ is not ☐ is important to a court case or proceeding that is now pending and described below. (If you selected "is," briefly describe the proceeding and provide the case name and number, the name and address of the court where the proceeding is pending, the names of all parties to the proceeding, and the names, addresses, and telephone numbers of their attorneys. **Note: A court order made on a petition under Health and Safety Code section 103450, et seq., may not be effective against claims of persons or organizations not given notice of the petition for the order.**)

☐ Continued on Attachment 6.

7. Number of pages attached: _____

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 OF DECLARANT)		(SIGNATURE OF DECLARANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO. (Optional):</div> </div> <div>E-MAIL ADDRESS (Optional):</div> <div>ATTORNEY FOR (Name):</div>	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
IN THE MATTER OF (Name):	CASE NUMBER:
PETITION TO ESTABLISH FACT, TIME, AND PLACE OF DEATH	HEARING DATE AND TIME:
DEPT.:	
<p style="text-align: center;">Notice to Petitioners</p> <p>At or before the court hearing on this petition, you must provide to the court a completed (filled-in) order for the judicial officer to sign. The order must be prepared on a form issued by the California Department of Public Health Vital Records (CDPH Vital Records), the <i>Order Establishing Fact of Death</i> (form VS 109). The top portion of that form is the court order. The bottom portion of that form is the death certificate you must submit for filing to CDPH Vital Records with a copy of the signed order certified by the clerk of the court. Form VS 109 may be obtained from CDPH Vital Records or from a county recorder or health department. Information about the form, including instructions on how to get it and how to complete and file it with the court and with CDPH Vital Records, is available online at www.cdph.ca.gov/certlic/birthdeathmar/Pages/CorrectingorAmendingVitalRecords.aspx.</p>	

1. a. Petitioner (name each):

is beneficially interested in and entitled under section 103450 of the California Health and Safety Code to an order establishing the fact and the time and place of the death of the person named in item 2a.

b. Petitioner's beneficial interest in this matter is as follows:

(1) ☐ I am related to the person named in item 2a as follows (specify the relationships of all petitioners to that person):

(2) ☐ I am not related to the person named in item 2a.

(3) I am interested in this matter for the following reasons (complete in all cases):

☐ Continued in Attachment 1b(3).

2. Petitioner requests the court to establish the fact, time, and place of the death of the person named in item 2a.

a. Name:

b. Time of death (date and time of day):

☐ a.m. ☐ p.m.

c. Place of death: City, town, township, or other (identify "other" if known):

(1) ☐ County:

State (U.S.):

(2) ☐ State or province:

Country:

IN THE MATTER OF (Name): _____	CASE NUMBER: _____
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3. (Check one of the following):

- a. ☐ There is no official record of the fact, time, and place of the death of the person named in item 2a.
- b. ☐ A certified copy of the official record of the death of the person named in item 2a cannot be obtained for the following reasons:

☐ Continued in Attachment 3b.

4. The person named in item 2a resided at the time of death at (street address and city):

County:

State:

5. Petitioner requests that the court make an order determining that the death of the person named in item 2a did in fact occur on the time and at the place stated in items 2b and 2c, as shown by the *Declaration in Support of Petition to Establish Fact, Time, and Place of Death* (form BMD-003A) and attachments, filed herewith, and by other proofs adduced at the hearing.

6. Number of pages attached: _____

Date:

_____	▶	_____
(TYPE OR PRINT NAME OF ATTORNEY FOR PETITIONER)		(SIGNATURE OF ATTORNEY)

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct, except as to those matters stated on information and belief, and as to those matters, I am informed and believe them to be true.

Date:

_____	▶	_____
(TYPE OR PRINT NAME OF PETITIONER)		(SIGNATURE OF PETITIONER)

Date:

_____	▶	_____
(TYPE OR PRINT NAME OF PETITIONER)		(SIGNATURE OF PETITIONER)

Date:

_____	▶	_____
(TYPE OR PRINT NAME OF PETITIONER)		(SIGNATURE OF PETITIONER)

BMD-003A

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY 	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
IN THE MATTER OF (<i>Name</i>):	CASE NUMBER:	
DECLARATION IN SUPPORT OF PETITION TO ESTABLISH FACT, TIME, AND PLACE OF DEATH	HEARING DATE AND TIME:	DEPT.:

(*Name of declarant*): _____ declares as follows:

1. I make the statements in this declaration based on my personal knowledge or on the contents of the documents identified in item 5.
 ("Personal knowledge" of a fact is knowledge that is **not** gained from another person's statements to you about that fact.)

2. a. I am at least 18 years of age.

b. I reside at (*street address and city*):

County:

State:

3. (*Name of deceased person*):

died at

approximately (*time*): ☐ a.m. ☐ p.m. on (*date*):

at the following place:

a. City, town, township, or other (*identify "other" if known*):

b. ☐ County:

State (U.S.):

c. ☐ State or province:

Country:

4. Facts showing how, when, and where the person named in item 3 died and explaining how I have personal knowledge of those facts

☐ are stated in the space below ☐ are stated in Attachment 4 to this declaration.

(*If you are relying solely on the contents of the documents identified in item 5, please advise in the space below.*)

IN THE MATTER OF (Name): _____	CASE NUMBER: _____
--------------------------------------	-----------------------

5. ☐ Attached are true and correct copies of the following documents (check each box that applies):

a. ☐ Police report dated (date of each):

b. ☐ Coroner's report dated (date):

c. ☐ Private physician's report dated (date of each):

d. ☐ Other documents dated (describe and give the date of each document):

☐ Continued on Attachment 5d.

6. The death of the person named in item 3, or the date, time, or place of death ☐ is not ☐ is important to a court case or proceeding that is pending and described below. (If you selected "is," briefly describe the proceeding and provide the case name and number, the name and address of the court where the proceeding is pending, the names of all parties to the proceeding, and the names, addresses, and telephone numbers of their attorneys. **Note: A court order made on a petition under Health and Safety Code section 103450 et seq., may not be effective against claims of persons or organizations not given notice of the petition for the order.**)

☐ Continued on Attachment 6.

7. Number of pages attached: _____

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 OF DECLARANT)	 _____ (SIGNATURE OF DECLARANT)
--	--

ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT: OTHER:	CASE NUMBER:
NOTICE OF LIMITED SCOPE REPRESENTATION <input type="checkbox"/> Amended	JUDGE: DEPT.:

[Note: This form is for use in civil cases other than family law. For family law cases, use form FL-950.]

1. Attorney (name):
 and party (name):
 who is the ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other (describe):

 have an agreement that the attorney will provide limited scope representation in this case to the party.
2. The attorney will represent the party
 - a. ☐ at the hearing on (date):
☐ and at any continuance of that hearing
☐ until submission of the order after hearing
 - b. ☐ at the trial on (date):
☐ and at any continuance of that trial
☐ until judgment
 - c. ☐ other (specify nature and duration of representation):
3. By signing this form, the party agrees to sign *Substitution of Attorney–Civil* (form MC-050) at the completion of the representation described above.

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT: OTHER:	CASE NUMBER:
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4. During the limited scope representation, parties and the court must serve papers on both the attorney named above and directly on the party. (Cal. Rules of Court, rule 3.36.) The party's name and address for purpose of service are as follows:

Name:

Address *(for the purpose of service)*:

Telephone:

Fax:

This notice accurately states all current matters and issues on which the attorney has agreed to serve as an attorney for the party in this case. The information provided on this form is not intended to state all of the terms and conditions of the agreement between the party and the attorney for limited scope representation.

Date:

(TYPE OR PRINT NAME OF PARTY)



(SIGNATURE OF PARTY)

Date:

(TYPE OR PRINT NAME OF ATTORNEY)



(SIGNATURE OF ATTORNEY)

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT: OTHER:	CASE NUMBER:
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PROOF OF SERVICE BY FIRST-CLASS MAIL

1. I am at least 18 years old and **not a party to this action**. I am a resident of or employed in the county where the mailing took place, and my residence or business address is (*specify*):

2. I served copies of the *Notice of Limited Scope Representation* (form CIV-150) by enclosing each of them in a sealed envelope with first-class postage fully prepaid and (*check one*):
 - a. ☐ deposited the sealed envelopes with the United States Postal Service.
 - b. ☐ placed the sealed envelopes for collection and processing for mailing, following this business's usual practices, with which I am readily familiar. On the same day correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service.
3. Copies of the *Notice of Limited Scope Representation* (form CIV-150) were mailed:
 - a. on (*date*):
 - b. from (*city and state*):

4. The envelopes were addressed and mailed as follows:

- a. Name of person served:

Street address:

City:

State and zip code:

- c. Name of person served:

Street address:

City:

State and zip code:

- b. Name of person served:

Street address:

City:

State and zip code:

- d. Name of person served:

Street address:

City:

State and zip code:

☐ Names and addresses of additional persons served are attached. (*You may use form POS-030(P).*)

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 OF DECLARANT)

(SIGNATURE OF DECLARANT)

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT: OTHER:	CASE NUMBER:
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NOTICE TO PARTY: Your attorney has filed this *Application to Be Relieved as Attorney on Completion of Limited Scope Representation* with the court stating that he or she no longer represents you in this action because the tasks that you agreed the attorney would perform for you have been completed.

If you do not agree that these tasks have been completed and you want the attorney to continue to represent you until the tasks are completed, you must file an *Objection to Application to Be Relieved as Attorney on Completion of Limited Scope Representation* (form CIV-152) with the court within 15 calendar days of the date that this notice was served on you, asking the court to require the attorney to remain your attorney in the action until these tasks are completed. If you were served with this notice by mail, you must file the *Objection* (form CIV-152) within 20 days of the date you were served. You must also serve this objection on your attorney and any other parties in the case. If you do not file a form CIV-152, the court will grant your attorney's request to be relieved as counsel.

Please refer to the *Proof of Service* to determine the date that this application was served on you. (If this form was served by mail in California, the date of service is 5 days after the date of mailing.)

This procedure may be used **ONLY** if you believe that the attorney has not completed the tasks that he or she agreed to perform for you. It is **NOT** to be used to resolve other disagreements you may have with the attorney, such as disagreements concerning fees.

Request for Accommodations

Assistive listening systems, computer-assisted real-time captioning or sign language interpreter services are available on request if at least 5 days' notice is provided. Contact the clerk's office or go to www.courts.ca.gov/forms for *Request for Accommodations by Persons With Disabilities and Response* (form MC-410). (Civ. Code, section 54.8.)



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 OF ATTORNEY)



(SIGNATURE OF ATTORNEY)

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT: OTHER:	CASE NUMBER:
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PROOF OF SERVICE BY FIRST-CLASS MAIL

1. I am at least 18 years old and **not a party to this action**. I am a resident of or employed in the county where the mailing took place, and my residence or business address is (*specify*):

2. I served copies of the *Application to Be Relieved as Attorney on Completion of Limited Scope Representation* and a blank *Objection to Application to Be Relieved as Attorney on Completion of Limited Scope Representation* by enclosing each of them in a sealed envelope with postage fully prepaid and (*check one*):
 - a. ☐ deposited the sealed envelopes with the United States Postal Service.
 - b. ☐ placed the sealed envelopes for collection and processing for mailing, following this business's usual practices, with which I am readily familiar. On the same day correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service.
3. The *Application to Be Relieved as Attorney on Completion of Limited Scope Representation* and a blank *Objection to Application to Be Relieved as Attorney on Completion of Limited Scope Representation* were mailed:
 - a. on (*date*):
 - b. from (*city and state*):
4. The envelopes were addressed and mailed as follows:

<ol style="list-style-type: none"> a. Name of person served: Street address:	<ol style="list-style-type: none"> c. Name of person served: Street address:
City:	City:
State and zip code:	State and zip code:

<ol style="list-style-type: none"> b. Name of person served: Street address:	<ol style="list-style-type: none"> d. Name of person served: Street address:
City:	City:
State and zip code:	State and zip code:

☐ Names and addresses of additional persons served are attached. (*You may use form POS-030(P).*)

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 OF DECLARANT)



(SIGNATURE OF DECLARANT)

PARTY (Name and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT: OTHER:	CASE NUMBER:
OBJECTION TO APPLICATION TO BE RELIEVED AS ATTORNEY ON COMPLETION OF LIMITED SCOPE REPRESENTATION	JUDGE: DEPT.:
Hearing Date: _____ Time: _____ Dept.: _____ Room: _____	

1. I am the ☐ plaintiff/petitioner ☐ defendant/respondent ☐ other (*describe*): _____ in this case.
2. I do not believe that all the services that my attorney agreed to do for me are completed.
3. I request that the court not allow my attorney to withdraw from representation until those services have been completed.
The services that were agreed on that remain to be completed are (*specify*): _____

The reason that I think these tasks are supposed to be completed is (*explain*): _____

☐ Continued in Attachment 3.

NOTICE

If you object to your attorney's *Application to Be Relieved as Attorney on Completion of Limited Scope Representation* (form CIV-151), you must file this objection with the clerk of the court where the application was filed within 20 days of the day that the application was put in the mail to you. If you were personally served, you have to file this form 15 days from the day you were served. That date is on the proof of service at the end of the application (form CIV-151). Also, you must have the attorney and any other parties in the case served with this *Objection* (form CIV-152). A blank proof of service is on the back of this form.

I declare under penalty of perjury under the laws of the State of California that the above information and all attachment are true and correct.

Date: _____



(TYPE OR PRINT NAME OF PARTY)

(SIGNATURE OF PARTY)

PLAINTIFF/PETITIONER:	CASE NUMBER:
DEFENDANT/RESPONDENT:	
OTHER:	

PROOF OF SERVICE BY FIRST-CLASS MAIL

(NOTE: You cannot serve the Objection to Application to Be Relieved as Attorney on Completion of Limited Scope Representation if you are a party in the action. The person who served the Notice of Limited Scope Representation must complete this proof of service.)

1. I am at least 18 years old and **not a party to this action**. I am a resident of or employed in the county where the mailing took place, and my residence or business address is *(specify)*:

2. I served copies of the *Objection to Application to Be Relieved as Attorney on Completion of Limited Scope Representation* (form CIV-152) by enclosing each of them in a sealed envelope with first-class postage fully prepaid and *(check one)*:
 - a. ☐ deposited the sealed envelopes with the United States Postal Service.
 - b. ☐ placed the sealed envelopes for collection and processing for mailing, following this business's usual practices, with which I am readily familiar. On the same day correspondence is paced for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service.
3. Copies of the *Objection to Application to Be Relieved as Attorney on Completion of Limited Scope Representation* (form CIV-152) were mailed:
 - a. on *(date)*:
 - b. from *(city and state)*:
4. The envelopes were addressed and mailed as follows:

<ol style="list-style-type: none"> a. Name of person served: <div style="margin-left: 20px;"> Street address: City: State and zip code: </div> b. Name of person served: <div style="margin-left: 20px;"> Street address: City: State and zip code: </div> 	<ol style="list-style-type: none"> c. Name of person served: <div style="margin-left: 20px;"> Street address: City: State and zip code: </div> d. Name of person served: <div style="margin-left: 20px;"> Street address: City: State and zip code: </div>
--	--

☐ Names and addresses of additional persons served are attached. *(You may use form POS-030(P).)*

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 OF DECLARANT)

_____
(SIGNATURE OF DECLARANT)

ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PLAINTIFF/PETITIONER: _____ DEFENDANT/RESPONDENT: _____ OTHER: _____	CASE NUMBER(S): _____
ORDER ON APPLICATION TO BE RELIEVED AS ATTORNEY ON COMPLETION OF LIMITED SCOPE REPRESENTATION	JUDGE: _____ DEPT.: _____ DATE: _____

1. The application of (*name of attorney*):
to be relieved as attorney for (*name of client*):
a party to this action or proceeding, was filed on (*specify date*):

2. **UNCONTESTED**

- a. The *Application to Be Relieved as Attorney on Completion of Limited Scope Representation* (form CIV-151) and any attachments, and a blank *Objection to Application to Be Relieved as Attorney on Completion of Limited Scope Representation* (form CIV-152) were served on the client.
- b. The client was
- (1) ☐ personally served with the papers.
- (2) ☐ served by mail.
- c. No *Objection to Application to Be Relieved as Attorney on Completion of Limited Scope Representation* (form CIV-152) was filed or served within the time prescribed under rule 3.36 of the California Rules of Court.
- d. It appears from the application to be relieved as attorney and any attached documents that the attorney has completed the tasks that the client and attorney agreed that the attorney would perform as well as any acts ordered by the court.

3. **CONTESTED**

- a. The party filed an *Objection to Application to Be Relieved as Attorney on Completion of Limited Scope Representation* (form CIV-152) on (*date*):
- b. ☐ Attorney demonstrated that he or she has completed the tasks that the party and attorney agreed that the attorney would perform on the *Notice of Limited Scope Representation* (form CIV-150) as well as any acts ordered by the court.

ORDER

4. ☐ Attorney is relieved as attorney for the party identified in 1:
- a. ☐ effective immediately.
- b. ☐ effective on the filing of the proof of service of this signed order on the client.
- c. ☐ effective on (*date*):

PLANTIFF/PETITIONER: DEFENDANT/RESPONDENT: OTHER:	CASE NUMBER:
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5. ☐ The *Application to Be Relieved as Attorney on Completion of Limited Scope Representation* is denied for the following reasons:

6. ☐ The court further orders (*specify*):

7. The current mailing address for of the party identified in 1 is:

NOTICE TO PARTY: When this order becomes effective, you will represent yourself in all aspects of your case.

The court and the other parties in the case need to know how to contact you. It is your responsibility to keep the court and the other parties informed of your address. If the address in item 7 above is wrong, you must let the court and the parties know your correct mailing address as soon as possible. You can use form MC-040, *Notice of Change of Address*, for this notification.

If you do not let the court and the other parties know where to send you copies of papers, you may not get notices of hearings or orders in your case. Decisions may be made without your participation, and your case could be ended.

NOTICE TO ATTORNEY WHO FILED APPLICATION FOR RELIEF: You must serve copies of this order on all parties or their attorneys in this case. Proof of service must be filed with the court.

Date:

(JUDICIAL OFFICER)

PLANTIFF/PETITIONER: DEFENDANT/RESPONDENT: OTHER:	CASE NUMBER:
---	--------------

PROOF OF SERVICE BY FIRST-CLASS MAIL

1. I am at least 18 years old and **not a party to this action**. I am a resident of or employed in the county where the mailing took place, and my residence or business address is (*specify*):

2. I served copies of the *Order on Application to Be Relieved as Attorney on Completion of Limited Scope Representation* (form MC-958) by enclosing each of them in a sealed envelope with first-class postage fully prepaid and (*check one*):
 - a. ☐ deposited the sealed envelopes with the United States Postal Service.
 - b. ☐ placed the sealed envelopes for collection and processing for mailing, following this business's usual practices, with which I am readily familiar. On the same day correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service.

3. Copies of the *Order on Application to Be Relieved as Attorney on Completion of Limited Scope Representation* (form MC-958) were mailed:
 - a. on (*date*):
 - b. from (*city and state*):

4. The envelopes were addressed and mailed as follows:

a. Name of person served: Street address: City: State and zip code:	c. Name of person served: Street address: City: State and zip code:
b. Name of person served: Street address: City: State and zip code:	d. Name of person served: Street address: City: State and zip code:

☐ Names and addresses of additional persons served are attached. (*You may use form POS-030(P).*)

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 OF DECLARANT)

 _____
(SIGNATURE OF DECLARANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
PETITION FOR <input type="checkbox"/> Order Striking and Releasing Lien or Other Encumbrance on Property of Public Officer or Employee <input type="checkbox"/> Ex Parte Order to Show Cause Why Lien or Encumbrance Should Not Be Stricken and Released	CASE NUMBER:
NOTICE: This form applies only to petitions by public officers and employees under Code of Civil Procedure sections 765.010–765.060 that involve lawsuits, liens, and encumbrances pertaining to actions that arise in the course and scope of the officer's or employee's duties.	

1. Petitioner (name): _____ requests the following:
 - a. ☐ Order striking and releasing lien or encumbrance.
 - b. ☐ Ex parte order to show cause why the lien or other encumbrance should not be stricken and released.
2. Respondent (name): _____
3. Petitioner is a public officer or employee (specify position): _____
4. There ☐ is ☐ is not a related case. (If there is, provide case name, case number, and counsel): _____
5. Petitioner has an interest in property on which a lien or encumbrance has been filed or recorded. The property is (describe): _____
6. Respondent has filed or recorded a lien or other encumbrance against petitioner's property or has directed another to record or file a lien or other encumbrance against the property. The lien or encumbrance is (describe): _____
7. Petitioner is entitled to relief because respondent filed a lawsuit or lien or other encumbrance against petitioner, knowing it is false, with the intent to harass petitioner or to hinder petitioner in discharging his or her official duties, or respondent directed another to record or file a lawsuit, lien, or other encumbrance against petitioner, knowing it is false, with the intent to harass petitioner or to influence petitioner in discharging his or her official duties. A declaration of petitioner or petitioner's attorney setting forth a concise statement of the facts upon which this petition is based is ☐ on page two of this form ☐ attached (see Attachment 7).
8. The lien or encumbrance that this petition seeks to have stricken and released does not involve a document that acts as a claim or encumbrance by a financial institution, as defined in Penal Code section 14161, subdivision (a) or Code of Civil Procedure section 481.113, or by a public entity as defined in Code of Civil Procedure section 481.200.
9. Petitioner requests relief as follows:
 - a. ☐ Order to show cause why the lien or other encumbrance described in item 6 should not be stricken and released.
 - b. ☐ Order striking and releasing the lien or other encumbrance described in item 6.
 - c. ☐ Award of civil penalties against respondent under Code of Civil Procedure section 765.040 and Government Code section 6223, subdivision (c) ☐ of: \$ ☐ according to proof.

(Continued on reverse)

Page 1 of 2

PETITIONER: RESPONDENT:	CASE NUMBER:
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- d. ☐ Award of attorney's fees and costs under Code of Civil Procedure section 765.030
☐ of: \$ ☐ according to proof.
- e. ☐ Other relief (*specify*):

Date:

 (TYPE OR PRINT NAME OF PETITIONER)



 (SIGNATURE OF PETITIONER OR PETITIONER'S ATTORNEY)

By: _____
 (NAME AND TITLE)

DECLARATION IN SUPPORT OF PETITION
 (Code Civ. Proc., §§ 765.010, 2015.5)

- I, the undersigned, declare that I am the ☐ petitioner ☐ other (*specify*):
 in the above-entitled proceeding.
- The facts upon which this petition is based are as follows:

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)

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
ORDER TO SHOW CAUSE WHY LIEN OR OTHER ENCUMBRANCE ON THE PROPERTY OF A PUBLIC OFFICER OR EMPLOYEE SHOULD NOT BE STRICKEN AND RELEASED	CASE NUMBER:
NOTICE: This order to show cause applies to a petition by a public officer or employee to strike or release a lien or encumbrance on the officer's or employee's property under Code of Civil Procedure section 766.010. The date of the hearing noticed below shall be set no earlier than 14 days after the date of this order.	

1. To Respondent (name):
2. YOU ARE ORDERED to appear in this court at the date, time, and place shown in the box below to give any legal reason that the lien or other encumbrance on the property of the public officer or employee described in the attached petition should not be stricken and the other relief requested in the petition should not be granted.

NOTICE OF HEARING

a. Date:	Time:	Dept.:	Room:
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b. The address of the court is shown above is (specify):

3. IT IS FURTHER ORDERED that
 - a. Petitioner shall serve this *Order to Show Cause*, the attached petition, and any other supporting papers by (specify manner of service):
no later than (date):
 - b. Any opposition papers shall be filed and served on petitioner by (specify manner of service):
no later than (date):
 - c. Any reply papers shall be filed and served by (specify manner of service):
no later than (date):
 - d. Proof of service of petitioner's papers shall be delivered to the court hearing this *Order to Show Cause*
no later than (date):
4. You have the right to attend the hearing to oppose the petition, with or without an attorney. If you do not attend the hearing, the court may grant the requested order without any further notice to you.

Date:

 JUDGE OF THE SUPERIOR COURT

ATTORNEY OR PARTY WITHOUT ATTORNEY		STATE BAR NUMBER:	FOR COURT USE ONLY
NAME:			
FIRM NAME:			
STREET ADDRESS:			
CITY:	STATE:	ZIP CODE:	
TELEPHONE NO.:	FAX NO.:		
E-MAIL ADDRESS:			
ATTORNEY FOR (name):			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF			
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
IN RE (ADDRESS OF REAL PROPERTY):			
PETITION AND DECLARATION REGARDING UNRESOLVED CLAIMS AND DEPOSIT OF UNDISTRIBUTED SURPLUS PROCEEDS OF TRUSTEE'S SALE			
Jurisdiction (check all that apply):			CASE NUMBER:
<input type="checkbox"/> ACTION IS A LIMITED CIVIL CASE			
Amount deposited <input type="checkbox"/> does not exceed \$10,000			
<input type="checkbox"/> exceeds \$10,000, but does not exceed \$25,000			
<input type="checkbox"/> ACTION IS AN UNLIMITED CIVIL CASE (exceeds \$25,000)			

1. Petitioner (*name*): _____ is the trustee under the Deed of Trust described in items 2 and 3 below.

The Deed of Trust

2. The Deed of Trust encumbered the real property commonly known as (describe):

(the "property") and legally described in Attachment 2 as follows:

3. The Deed of Trust was

- a . Executed by *(name)*: _____ as trustee.
- b . Executed on *(date)*: _____
- c. Recorded:
- (1) Date: _____
- (2) County: _____
- (3) Instrument number: _____

IN RE:	CASE NUMBER:
--------	--------------

The Trustee's Sale, Surplus Proceeds, and Notice to Potential Claimants

4. The property was the subject of a trustee's sale that was held on *(date)*:
5. A trustee's sale guarantee was prepared for the trustee's sale. *(A copy of the trustee's sale guarantee must be attached as Attachment 5.)*
6. The total sale price of the property was: \$
7. After payment of the amounts required by Civil Code section 2924k(a)(1)–(2), there were surplus proceeds from the trustee's sale available to potential claimants in the total amount of: \$
8. *Within 30 days after the trustee's sale, the trustee sent written notice under Civil Code section 2924j(a) to all persons with a recorded interest in the real property as of the date immediately prior to the trustee's sale who would be entitled to notice. The names and addresses of all persons sent notice under Civil Code section 2924j(a) are as follows:*

☐ Continued on Attachment 8.

The Claims

9. The trustee has received a total of *(specify number)*: written claims from potential claimants.
10. The trustee has exercised due diligence to determine the priority of the written claims received by the trustee to the trustee's sale surplus proceeds from the persons identified in item 8 to whom notice was sent.
11. The trustee submits this declaration under Civil Code section 2924j(c) for the following reason:
 - a. ☐ After due diligence, the trustee is unable to determine the priority of the written claims received by the trustee to the trustee's sale surplus proceeds. *(If this reason applies, describe the problem of determining priorities in Attachment 11a.)*
 - b. ☐ The trustee has determined that there is a conflict between potential claimants to the surplus proceeds. *(If this reason applies, identify the claimants and describe the conflict in Attachment 11b.)*
12. *The trustee provides the following additional information relevant to the identity, location, priority of potential claimants, and the conflict of claims:*

☐ Continued on Attachment 12.

Notice of Intent to Deposit Funds and Proof of Service

13. The trustee has provided written notice to all persons with a recorded interest in the property who would be entitled to notice under Civil Code section 2924b(b)–(c). The notice includes the following information:
 - a. The trustee intends to deposit funds from the trustee's sale with the clerk of the court.
 - b. A claim for funds must be filed with the court within 30 days from the date of notice.
 - c. The address of the court in which the funds are to be deposited and a telephone number for obtaining further information.*(Proof of Service of the notice on **all** persons entitled to notice under Civil Code section 2924j(d) must be attached to this declaration as Attachment 13.)*

IN RE:	CASE NUMBER:
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Deposit**14. Distributions**

The trustee has distributed the total amount of: \$ _____ to the following claimants based on their written claims:

Name of claimant:

Amount:

\$
\$
\$
\$
\$
\$
\$
\$

☐ Continued on Attachment 14.

15. Trustee's Fees and Expenses

The trustee has incurred reasonable fees and expenses totaling: \$ _____. These fees and expenses are recoverable under Civil Code section 2924k(a)(1) and (b) and are described ☐ in Attachment 15 ☐ as follows (*specify*):

16. Deposit

The amount to be deposited is calculated as follows:

- | | |
|---|----|
| a. Trustee's sale proceeds | \$ |
| b. Debt to foreclosing creditor | \$ |
| c. Available surplus proceeds (<i>a minus b</i>) | \$ |
| d. Claims paid by trustee (<i>from item 14</i>) | \$ |
| e. Trustee's fees and expenses (<i>from item 15</i>) | \$ |
| f. Remaining surplus proceeds (<i>c minus (d plus e)</i>) | \$ |
| g. Filing fee | \$ |
| h. Deposit (<i>f minus g</i>) | \$ |

(If the trustee is represented by an attorney, the attorney's signature follows):

Date:

(TYPE OR PRINT NAME OF ATTORNEY)



(SIGNATURE OF ATTORNEY)

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 OF TRUSTEE)



(SIGNATURE OF TRUSTEE)

CONFIDENTIAL**CM-011**

ATTORNEY OR PARTY WITHOUT ATTORNEY: _____ STATE BAR NO: _____ NAME: _____ FIRM NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR: <input type="checkbox"/> PLAINTIFF <input type="checkbox"/> OTHER (SPECIFY): _____		FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____		
Plaintiff [UNDER SEAL] Defendant [UNDER SEAL]		
CONFIDENTIAL COVER SHEET-FALSE CLAIMS ACTION		CASE NUMBER: _____

<p>INSTRUCTIONS: This civil action is brought under the False Claims Act, Government Code section 12650 et seq. The documents filed in this case are under seal and are confidential pursuant to Government Code section 12652(c).</p> <p>This Confidential Cover Sheet must be affixed to the caption page of the complaint and to any other paper filed in this case until the seal is lifted.</p> <p>You should check with the court to determine whether papers filed in False Claims Act cases must be filed at a particular location.</p>	Seal to expire on (date): _____ <p>UNLESS:</p> <p>(1) Motion to extend time is pending; or</p> <p>(2) Extended by court order</p>
--	---

1. The document to which this cover sheet is affixed is:

- a. ☐ Complaint for damages for violation of the False Claims Act
- b. ☐ Civil Case Cover Sheet (form 982.2(b)(1))
- c. ☐ Motion for an extension of time to intervene
- d. ☐ Affidavit or other document in support of the motion for an extension of time
- e. ☐ Order extending time to intervene (specify date order expires): _____
- f. ☐ Other order (describe): _____

- g. ☐ Notice from the Attorney General of additional prosecuting authority that may have access to the file
- h. ☐ Other (describe): _____

2. This *Confidential Cover Sheet* and the attached document must each be separately file-stamped by the clerk of the court.

Date: _____

SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	FOR COURT USE ONLY
PEOPLE OF THE STATE OF CALIFORNIA v. DEFENDANT:	
DEFENDANT'S FINANCIAL STATEMENT AND NOTICE TO DEFENDANT <i>(check all that apply)</i>	
<input type="checkbox"/> ELIGIBILITY FOR APPOINTMENT OF COUNSEL <input type="checkbox"/> REIMBURSEMENT FOR COST OF COURT-APPOINTED COUNSEL <input type="checkbox"/> ELIGIBILITY FOR RECORD ON APPEAL AT PUBLIC EXPENSE	CASE NUMBER:

1.
 - a. Defendant's name:
 - b. Other names used:
 - c. Address:
 - d. Date of birth:
 - e. Telephone number:
 - f. Driver's license number:
2. Defendant's present employment:
 - a. Occupation:
 - b. Name of employer:
 - c. Address:
 - d. Gross pay per month: \$ week: \$ day: \$
 - e. Take-home pay per month: \$ week: \$ day: \$
 - f. Name of union:
 - g. Name of credit union:
3. *If defendant is not now working, state the name and address of defendant's last employer and the last date defendant was employed.*
 - a. Name:
 - b. Address:
 - c. Last date of employment:
4. Defendant ☐ is ☐ is not married.
5.
 - a. Spouse's name:
 - b. Other names used:
 - c. Address:
 - d. Date of birth:
 - e. Telephone number:
 - f. Driver's license number:
6. Spouse's present employment
 - a. Occupation:
 - b. Name of employer:
 - c. Address:
 - d. Gross pay per month: \$ week: \$ day: \$
 - e. Take-home pay per month: \$ week: \$ day: \$
 - f. Name of union:
 - g. Name of credit union:
7. *If spouse is not now working, state the name and address of spouse's last employer and the last date spouse was employed.*
 - a. Name:
 - b. Address:
 - c. Last date of employment:
8. Dependents

Name	Address	Relationship	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PEOPLE OF THE STATE OF CALIFORNIA v. DEFENDANT:	CASE NUMBER:
--	--------------

9. <u>Defendant</u>	OTHER MONTHLY INCOME	<u>Spouse</u>	
a. Unemployment and disability	\$ _____	a. Unemployment and disability	\$ _____
b. Social Security	\$ _____	b. Social Security	\$ _____
c. Welfare, TANF	\$ _____	c. Welfare, TANF	\$ _____
d. Veteran's benefits	\$ _____	d. Veteran's benefits	\$ _____
e. Worker's compensation	\$ _____	e. Worker's compensation	\$ _____
f. Child support payments	\$ _____	f. Child support payments	\$ _____
g. Spousal support payments	\$ _____	g. Spousal support payments	\$ _____
h. All other income not elsewhere listed	\$ _____	h. All other income not elsewhere listed	\$ _____
Total:	\$ _____	Total:	\$ _____

EXPENSES

10. Monthly expenses being paid by defendant alone or by defendant and spouse			
a. Rent or house payments	\$ _____	f. Clothing and laundry	\$ _____
b. Car payments	\$ _____	g. Food	\$ _____
c. Transportation payments	\$ _____	h. Support payments	\$ _____
d. Medical and dental payments	\$ _____	i. Insurance payments	\$ _____
e. Loan payments	\$ _____	j. Other payments (union, taxes, utilities)	\$ _____
		Total (a-j):	\$ _____

11. Installment payments other than those listed in item 10.		
<u>Name of Creditor</u>	<u>Monthly Payment</u>	<u>Balance Owed</u>
a. _____	\$ _____	\$ _____
b. _____	\$ _____	\$ _____
c. _____	\$ _____	\$ _____
d. _____	\$ _____	\$ _____
e. _____	\$ _____	\$ _____
	Total:	Total:
	\$ _____	\$ _____

ASSETS

12. What do you own? (<i>State value</i>):		
a. Cash	\$ _____	
b. House equity	\$ _____	
c. Cars, other vehicles and boat equity (<i>List make, year, and license number of each</i>)	\$ _____	
d. Checking, savings, and credit union accounts (<i>List name and account number of each</i>)	\$ _____	
e. Other real estate equity	\$ _____	
f. Income tax refunds due	\$ _____	
g. Life insurance policies (ordinary life, face value)	\$ _____	Length of ownership _____
h. Other personal property (jewelry, furniture, furs, stocks and bonds, etc.)	\$ _____	
	Total:	
	\$ _____	

13. **ELIGIBILITY FOR APPOINTMENT OF COUNSEL AND NOTICE TO DEFENDANT:** If an attorney is appointed to represent you, the court will, at the conclusion of the criminal proceedings, after a hearing, make a determination of your ability to pay all or a portion of the cost of the attorney. If the court determines that you are at that time able to pay, the court will order you to pay all or part of such cost. Such an order will have the same force and effect as a judgment in a civil action and will be subject to execution.

Declaration of Defendant

I declare under penalty of perjury that the foregoing is true and correct, and that I understand the notice contained in item 13, under the laws of the state of California.

Date: _____  _____
SIGNATURE OF DEFENDANT

SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	FOR COURT USE ONLY
PEOPLE OF THE STATE OF CALIFORNIA v. Defendant:	
ORDER FOR EXTENDED COMMITMENT (Sexually Violent Predator)	CASE NUMBER:

1. After a trial in the above captioned matter, the ☐ court ☐ jury found that the respondent, by reason of a diagnosed mental disorder, continues to be a sexually violent predator as defined in section 6600 of the Welfare and Institutions Code and remains a danger in that he or she is likely to engage in acts of sexual violence if released from custody.

THE COURT ORDERS

2. Respondent is recommitted under Welfare and Institutions Code 6604 for a period of two years at *(name)*:
State Hospital and will be transported to the facility immediately.
3. Under Welfare and Institutions Code section 6604.1, the time of recommitment begins to run on the date the original commitment terminates, *(date)*:

Date: _____

(JUDICIAL OFFICER)

NAME AND ADDRESS OF COURT:	FOR COURT USE ONLY
NAME OF DEFENDANT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE:	
DATE OF COURT ORDER:	
(check one) <input type="checkbox"/> PROOF OF ENROLLMENT IN ALCOHOL OR DRUG PROGRAM <input type="checkbox"/> PROOF OF COMPLETION OF ALCOHOL OR DRUG PROGRAM	
CASE NUMBER:	

DESCRIPTION OF ALCOHOL OR DRUG PROGRAM	
Name of Program:	
Address of Program:	
Program License Number:	Program Telephone Number:

PROOF OF ENROLLMENT

1. Defendant (*name*): _____ enrolled in the alcohol or drug
education program described above on (*specify date of enrollment*): _____

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 DEFENDANT)

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PROGRAM DIRECTOR OR INSTRUCTOR)

(TITLE)

PROOF OF COMPLETION

2. Defendant (*name*): _____ successfully completed the alcohol or drug
education program described above on (*specify date of completion*): _____

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 DEFENDANT)

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PROGRAM DIRECTOR OR INSTRUCTOR)

(TITLE)

YOU NEED TWO OF THESE FORMS:

— INSTRUCTIONS —

1. UPON ENROLLMENT IN A COURT-ORDERED ALCOHOL OR DRUG EDUCATION PROGRAM, FILL OUT THE PROOF OF ENROLLMENT PORTION OF ONE COPY OF THIS FORM AND FURNISH IT TO THE SENTENCING COURT WITHIN THE TIME AND IN THE MANNER SPECIFIED BY THE COURT.
2. UPON SUCCESSFUL COMPLETION OF THE PROGRAM, FILL OUT THE PROOF OF COMPLETION PORTION OF A SECOND COPY OF THIS FORM AND FURNISH IT TO THE SENTENCING COURT WITHIN THE TIME AND IN THE MANNER SPECIFIED BY THE COURT.

FAILURE TO COMPLY WITH THESE REQUIREMENTS MAY RESULT IN THE REVOCATION OF YOUR PROBATION.

SI USTED NO CUMPLE CON ESTOS REQUISITOS, SU INCUMPLIMIENTO PUEDE RESULTAR EN LA REVOCACION DE SU LIBERTAD CONDICIONAL.

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
IN THE MATTER OF (NAME): <div style="text-align: right;">Petitioner, a minor</div>	
<div style="text-align: center;">PETITION FOR DECLARATION OF EMANCIPATION OF MINOR</div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ORDER PRESCRIBING NOTICE <input type="checkbox"/> DECLARATION OF EMANCIPATION </div> <div> <input type="checkbox"/> ORDER DENYING PETITION </div> </div>	CASE NUMBER:

1. My name:
My address:
I am a resident of or temporarily domiciled in this county.
2. I request that the court declare me to be emancipated.
3.
 - a. I am at least 14 years of age and my date of birth is:
 - b. I am willingly living separate and apart from my parents or legal guardian, with the consent of my parents or legal guardian. I have been living apart from them since (date):
 - c. I am managing my own financial affairs. I have completed my declaration of income and expenses on form EM-115 and attached it to this petition.
 - d. No part of my income comes from any activity that is a crime under the laws of the State of California or of the United States.
4. My mother's name is:
Her address is:
☐ Her consent to my emancipation is attached.
☐ Notice to her should not be required because (state reasons):
5. My father's name is:
His address is:
☐ His consent to my emancipation is attached.
☐ Notice to him should not be required because (state reasons):
6. ☐ I have a legal guardian.
My guardian's name is:
My guardian's address is:
☐ My guardian's consent to my emancipation is attached.
☐ Notice to my guardian should not be required because (state reasons):
7. ☐ Other person entitled to notice.
This person's name is:
This person's address is:
☐ This person's consent to my emancipation is attached.
☐ Notice to this person should not be required because (state reasons):
8. ☐ I am a ☐ dependent child ☐ [probation] ward of the Juvenile Court of _____ County.
Case number (if known):
My ☐ social worker ☐ probation officer is (name):
His / her consent is attached.

I declare under penalty of perjury that the foregoing is true and correct and that this declaration is executed at
(place): _____, California,

Date:



(SIGNATURE)

NAME OF MINOR	CASE NUMBER:
---------------	--------------

ORDER PRESCRIBING NOTICE

9. The court finds that

- a. ☐ All persons entitled to notice of this proceeding have consented to the emancipation and waived notice of hearing.
- b. ☐ The addresses of the following are unknown.
 - (1) ☐ Father
 - (2) ☐ Mother
 - (3) ☐ Legal guardian
- c. ☐ Notice to the following persons cannot or should not be given:
- d. ☐ Other (*specify*):

10. **IT IS ORDERED that notice of this proceeding**

- a. ☐ is not required. The declaration of emancipation may proceed without hearing.
- b. ☐ is required to the following persons:

(1) <input type="checkbox"/> Father	(4) <input type="checkbox"/> Juvenile Court of _____ County
(2) <input type="checkbox"/> Mother	for service on social worker or probation officer
(3) <input type="checkbox"/> Legal guardian	(5) <input type="checkbox"/> Legal guardian
- c. ☐ This matter is set for hearing on (*date*): _____ at (*time*): _____ in (*dept.*): _____

Date: _____
(JUDGE OF THE SUPERIOR COURT)

DECLARATION OF EMANCIPATION WITHOUT HEARING
(Only if the court has ordered item 10a above.)

The court finds that the petitioner is a person described by Family Code section 7120. All notice requirements have been met or waived by the court. Emancipation is not contrary to the best interests of the child.
THE PETITION IS GRANTED. THE PETITIONER IS DECLARED TO BE EMANCIPATED FOR PURPOSES SET FORTH IN FAMILY CODE SECTION 7050 ET SEQ.

Date: _____
(JUDGE OF THE SUPERIOR COURT)

ORDER DENYING PETITION

The court finds that the petition on its face fails to establish that the petitioner is a person described by Family Code section 7120.
THE PETITION IS DENIED.

Date: _____
(JUDGE OF THE SUPERIOR COURT)

[SEAL]

CLERK'S CERTIFICATE
(Of Declaration of Emancipation)

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date: _____ Clerk, by _____, Deputy

- family counseling or mediation services between you and your parents
- living with another responsible adult (aunt, uncle, grandparent, or family friend)
- seeking assistance from public and private agencies
- an informal agreement with your parents allowing you to live outside your home

EMANCIPATION PAMPHLET

*This pamphlet provides only basic information
about emancipation proceedings.
If you need additional information, you may
wish to consult an attorney.*

Form Approved for Optional Use
Judicial Council of California
EM-100-INFO (Rev. September 1, 2018)

WHAT IS EMANCIPATION?

Emancipation is a legal procedure that frees children from the custody and control of their parents or guardians before they reach the age of majority. (In California, this is age 18.) If you become emancipated, you will be able to do certain things without your parent's consent, such as:

- consent to medical treatment
- apply for a work permit
- enroll in school or college

You will also give up your right to be supported by your parents.

Even if you are emancipated:

- You must still attend school.
- You cannot get married without parental consent.
- You probably will remain under juvenile court jurisdiction, if you commit a crime.

IF YOU HAVE A LEGAL GUARDIAN:

All references in this pamphlet to parent or parents include legal guardians or guardians.

HOW DO I BECOME EMANCIPATED?

There are **three** ways you can become emancipated:

1. You can get married (This requires parental consent and permission from the court.)

2 _____

WHAT DO I DO IF THE JUDGE GRANTS MY PETITION FOR EMANCIPATION?

If the judge grants your petition for emancipation after a hearing is held or without a hearing, you must take your papers back to the clerk's office and file them. The clerk will file the original declaration of emancipation, and give you copies to keep as proof of emancipation. You may need to show these copies to employers, landlords, doctors, school officials, or others who would otherwise require parental consent.

If you want to notify the Department of Motor Vehicles (DMV) about your emancipation, complete an Emancipated Minor's Application to California Department of Motor Vehicles (EM-140) form and take it to the DMV along with a certified copy of the declaration of emancipation.

IS EMANCIPATION PERMANENT?

Emancipation is usually permanent. However, if there are statements on your petition that are not true, or if you become unable to support yourself, the court may set aside the declaration of emancipation.

DO I HAVE CHOICES OTHER THAN EMANCIPATION?

Emancipation is only one of several alternatives available to you if you feel you cannot live with your parents. You may want to consider other options such as:

7 _____

- set a hearing on your petition to be conducted within 30 days thereafter.

The clerk will provide you with an endorsed filed copy of the judge's order.

Declaration of emancipation without hearing

If the judge finds that all notice and consent requirements have been met or waived, and that emancipation is not contrary to your best interests, the judge may grant your petition without a hearing.

Setting a hearing and giving notice

If the judge wants more information, a hearing will be held within 30 days of the order prescribing notice and setting for hearing. If the judge orders the matter set for hearing, the clerk will notify the district attorney of the time and date of the hearing. The judge may require that you give notice to your parents and other people of the time and place of the hearing. This is very important, because the judge may be very strict about making sure that your parents were given proper notice before granting an emancipation petition.

Notice is provided by giving or mailing a copy of the emancipation petition to each person the judge lists for you. An adult, 18 years or older, must personally give or mail the copies for you as soon as possible after the hearing date is set, and complete a *Proof of Service* form to be filed with the clerk.

2. You can join the armed forces. (This requires parental consent and acceptance by the service.)
3. You can obtain a declaration of emancipation from a judge.

This pamphlet tells you only about how to be declared emancipated by a judge. If you want to be declared emancipated by a judge, you must convince the judge that you meet **ALL of the following requirements:**

1. You are at least 14 years old.
2. You willingly want to live separate and apart from your parents with the consent or acquiescence of your parents. (Your parents do not object to you living apart from them.)
3. You can manage your own finances.
4. You have a source of income that does not come from any illegal activity.
5. Emancipation would not be contrary to your best interests; it is good for you.

HOW DO I GET DECLARED EMANCIPATED BY A JUDGE?

You will need to complete certain forms and file them with the court. You can get blank forms to fill out from the court clerk's office. The forms you *must* fill out are:

- *Petition for Declaration of Emancipation of Minor, Order Prescribing Notice, Declaration of Emancipation, and Order Denying Petition* (EM-100)
- *Emancipation of Minor—Income and Expense Declaration* (EM-115)

- *Notice of Hearing* (EM-109)
- *Declaration of Emancipation of Minor After Hearing* (EM-130)

Emancipation petition

You must file a *Petition for Declaration of Emancipation of Minor* form (EM-100) in the county in which you live. (Check with your local clerk's office to find out which division of the court handles emancipations. If you are a dependent or ward of the juvenile court, the petition must be filed in juvenile court.) Only you may petition the court for emancipation. You will be asked to provide a verifiable residence address. You must also complete and attach to the petition an *Emancipation of Minor—Income and Expense Declaration* form (EM-115).

Filing fee or waiver

You may be required to pay a fee to file your emancipation petition. Ask the clerk if a fee is required. If you cannot afford to pay the fee, you can file an application to have the fees waived, including an *Application for Waiver of Court Fees and Costs* form and an *Order on Application of Court Fees and Costs* form. Unless waived, the petitioner shall pay the filing fee as specified. The ability or inability to pay the filing fee is not in and of itself evidence of the financial responsibility of the minor as required for emancipation.

Filling out the forms

- Print or type ALL information requested on the forms.
- Sign and date the petition.
- Include a statement explaining your living situation,

why you want to be emancipated, and how you are supporting yourself. If you have children, tell how you are supporting them. You could also include letters from your employer and your landlord.

- If you do not know where your parents or guardians live, you must tell the court when you last saw your parents and what efforts you have made to find out where your parents live.
- If you know where your parents live, but they refuse to sign the consent, you must get a hearing date from the clerk, and give notice of the hearing to your parents.
- If you know where your parents live, but you do not wish to notify one or both of them about this petition, you must state ALL your reasons and request the court to waive notification to your parents.

Filing the petition and the other forms

After you have completed the forms and all necessary attachments, and obtained your parents' signatures (if possible), take the forms and the attachments to the clerk's office for filing. (When you pick up the blank forms, ask the clerk how many copies of each form you will need to bring with you. Be sure to keep a copy for yourself.) When you get to the court, tell the clerk that you are filing a petition for emancipation and show the clerk your papers. The clerk will keep at least one copy of your petition. The clerk will either give or direct you to give the petition to the judge. Within 30 days from the filing of the petition, the judge will either

- grant your petition; or
- deny your petition; or

- 家庭心理諮詢或您與家長之間的調解服務
- 與另一位負責任的成年人（姑媽、姨媽、叔叔、舅舅、祖父母、外祖父母或家庭朋友）生活
- 向公共機構和民間機構請求協助
- 與家長簽訂一份非正式協議書，允許您離開家庭在別處生活

關於取得獨立 生活資格的說明

本資料僅提供關於取得獨立生活資格的基本資訊。
您如果需要進一步資訊，請向律師洽詢。

Form Approved for Optional Use
Judicial Council of California
EM-100-INFO C (Chinese) (Rev. September 1, 2018)

什麼是取得獨立生活資格？

「取得獨立生活資格」是一項法律程序，它允許孩子在成年（在加州為18歲）之前脫離家長或監護人的監護和管理。您如果取得獨立生活資格，就可以在未經家長同意的情形下做某些事情，例如：

- 同意接受醫生治療
- 申請工作許可
- 在中學或大學讀書

您同時也放棄了享受家長撫養的權力。

即使您取得獨立生活資格：

- 您必須繼續上學。
- 您不經家長許可不得結婚。
- 如果您犯罪，您可能仍然屬於青少年法庭管轄。

如果您有法定監護人：

本資料中凡是提及家長之處均包括法定監護人。

我如何取得獨立生活資格？

取得獨立生活資格有三種方法：

1. 您可以結婚（這需要家長同意和法庭許可）。

在法官批准取得獨立生活資格的申請後我應當做什麼？

如果法官在聽證後或未經聽證批准您取得獨立生活資格，您必須把文件交回書記官辦公室存檔。書記官會把取得獨立生活資格的宣告書原件存檔，把副本交給您作為取得獨立生活資格的證明。您可能需要把這些副本展示給雇主、房東、醫生、學校官員或其他要求您提供家長同意的人士。

如果您希望通知機動車輛管理局（DMV）您已經取得獨立生活資格，請填寫一份「加州機動車輛管理局獨立生活未成年人申請書」（EM-140），並連同一份經過認證的取得獨立生活資格宣告書副本交給DMV。

取得獨立生活資格的決定是否屬於永久性決定？

取得獨立生活資格的決定一般具有永久性。但是，如果您的申請表中有不符合事實的資訊，或者您喪失了謀生能力，法庭可能撤銷賦予您獨立生活資格的宣告書。

除取得獨立生活資格外我是否還有其他選擇？

如果您認為自己無法與家長在一起生活，除取得獨立生活資格外，還有數種其他方法可供您選擇。您可能應當考慮這些方法，例如：

- 安排一個申請聽證日期，在此後30天內舉行聽證。

書記官會向您提供一份經過背書的、已經存檔的法官命令副本。

不經過聽證宣佈取得獨立生活資格

法官如果認為已經符合或免除所有通知和徵求許可的要求，並且取得獨立生活資格與您的最大利益沒有沖突，法官可能會不經過聽證而批准您的申請。

安排聽證和發出通知

法官如果需要瞭解更多資訊，將會在申請命令通知和聽證通知發出後30天內舉行聽證。如果法官命令在聽證會上處理任何事項，書記官會把聽證時間和日期通知地區檢察官。法官可能要求把聽證會的時間地點通知您的家長及其他人士。這一點很重要，因為法官在批准取得獨立生活資格之前可能嚴格要求以適當形式通知您的家長。

發通知是指把取得獨立生活資格申請書的副本當面遞交或郵寄給法官認為應收到通知的每一位人士。在確定聽證日期後必須由一位成年人（年滿18歲）儘快投送或郵寄文件副本，該人士必須填寫一份「送達證明」表，並將該表呈報給書記官。

2. 您可以參軍（這需要家長許可和部隊接受）。
3. 您可以請求法官頒發給予您獨立生活資格的宣告書。

本資料僅僅向您介紹如何透過法官宣佈取得獨立生活資格。您如果希望透過法官宣佈取得獨立生活資格，就必須向法官證明您符合所有下列要求：

1. 您年滿14歲。
2. 您自願要求與家長分居，並且家長同意或默認（家長對您與他們分開居住不表示反對）。
3. 您有能力管理自己的財務。
4. 您有收入來源，並且該收入來源不是非法活動。
5. 取得獨立生活資格與您的最大利益沒有沖突；而是對您有好處。

我如何使法官宣佈我取得獨立生活資格？

您需要填寫某些表格，並將表格呈報給法庭。您可以在法庭書記官辦公室領取空白表格。您必須填寫的表格是：

- Petition for Declaration of Emancipation of Minor, Order Prescribing Notice, Declaration of Emancipation, and Order Denying Petition (EM-100)（「未成年人取得獨立生活資格申請書、申請命令通知、獨立生活資格宣告書和拒絕申請命令」）
- Emancipation of Minor—Income and Expense Declaration (EM-115)（「未成年人獨立生活資格—收入和支出報告」）

- Notice of Hearing (EM-109) (「聽證通知」)
- Declaration of Emancipation of Minor After Hearing (EM-130) (「聽證後未成年人取得獨立生活資格宣告書」)

取得獨立生活資格申請書

您必須在本郡提交「未成年人取得獨立生活資格申請書」(MC-300)。(請向當地書記官辦公室瞭解法庭下屬的哪個部門負責辦理取得獨立生活資格的申請。您如果是青少年法庭依附者或收押者，則必須在青少年法庭提出申請。)只有您本人能夠向法庭提出取得獨立生活資格的申請。您必須向法庭提供一個可以核實的居住地址。您還必須填寫並隨申請書附上「未成年人獨立生活資格—收入和支出報告」(MC-306)。

繳納申請費或免除費用

您在呈報取得獨立生活資格申請書時可能需要繳納手續費。請向書記官瞭解是否需要繳費。您如果無力支付該項費用，可以申請免除，請隨附一份「法庭收費與費用免除申請表」和一份「法庭收費和費用命令表」。除非經法庭免除，申請人必須按照規定支付申請費。是否有能力支付申請費並不證明未成年人是否具備取得獨立生活資格的經濟能力。

填表

- 在各種表格中工整填寫或列印全部資訊。
- 在申請書上簽名並註明日期。
- 隨附一份關於您目前生活狀況的陳述，說明您為什麼希望取得獨立生活資格以及您如何養活自己。您如果有子女，還要說明如何撫養子女。您也可以附上雇主和房東的信函。

- 如果您不知道自己的家長或監護人的住處，您必須告訴法庭最後一次是在何時見到家長以及您為查找家長的住處做出了哪些努力。
- 如果您知道家長的住處，但他們拒絕簽署同意書，您必須請書記官安排一個聽證日期，並把聽證時間通知您的家長。
- 如果您知道家長的住處，但不希望一位或兩位家長瞭解本申請，您必須說明所有原因，並請求法庭免除通知家長的責任。

提交申請書和其他表格

您在填寫完畢所有表格和必要附件後，請先取得家長簽字(如有可能)，然後把表格和附件呈報給書記官辦公室。(當您領取空白表格時，請向書記官瞭解每一份表格需要多少副本。請務必為您自己保存一份副本。)當您到達法庭時，告訴書記官您要提出取得獨立生活資格的申請，並把您的文件交給書記官。書記官至少會保留一份申請書。書記官可能把申請書轉給法官或讓您直接交給法官。在申請書呈報後30天內，法官將會採取下列措施之一：

- 批准申請；或
- 拒絕申請；或

- 자녀와 부모에 대한 가족 상담 또는 중재 서비스
- 책임을 질 수 있는 다른 성인(숙모, 숙부, 조부모, 또는 가족의 친구)과 함께 거주
- 공공기관 및 민간기관에 도움을 요청
- 부모와 자녀 사이에 자녀가 부모의 집을 떠나서 사는 것을 허용하는 비공식 계약을 체결

자립 팜플렛

이 팜플렛은 자립 절차에 관한 기본적인 정보만을
제공합니다. 더 상세한 정보가 필요하시면 변호사와
상의할 것을 권합니다.

Form Approved for Optional Use
by the Judicial Council of California
EM-100-INFO K (Rev. September 1, 2018)

자립이란 무엇일까요?

자립(emancipation)이란 자녀가 성년에 도달하기 전에 부모나 후견인의 양육권 및 감독권으로부터 벗어나게 하는 법적 절차입니다. (캘리포니아 주의 성년은 18세입니다.) 자립한 자녀는 다음과 같은 일을 부모의 동의 없이 할 수 있습니다:

- 치료에 대한 동의
- 노동 허가의 신청
- 학교나 대학에 입학

이러한 자녀는 부모로부터 부양 받을 권리를 포기해야 합니다.

자녀는 자립을 했더라도:

- 계속 학교에 다녀야 합니다.
- 부모의 동의 없이 결혼할 수 없습니다.
- 범죄를 저지른 경우에는 소년법원 관할 하에 남아있을 가능성이 많습니다.

법정 후견인이 있는 경우:

이 팜플렛에서 사용하는 부모 또는 부모들이라는 호칭에는 법정 후견인이나 후견인도 포함됩니다.

어떻게 자립할 수 있을까요?

자립하는 데는 다음과 같은 세 가지 방법이 있습니다:

1. 결혼(이것은 부모의 동의와 법원의 허가를 받아야 합니다.)

판사가 자립 신청을 승인하면 어떻게 해야 할까요?

판사가 심리를 한 후에 또는 심리를 하지 않고 신청을 승인하면, 신청자는 서류를 다시 서기 사무소로 가지고 가서 제출해야 합니다. 서기는 자립 선고 원본을 보관하고 신청자가 자립의 증거로 보관할 사본을 발급합니다. 신청자는 필요한 경우에 이 사본을 고용주, 집주인, 의사, 학교 교직원 또는 부모의 동의를 요구하는 다른 사람들에게 제시할 수 있습니다.

차량국(DMV)에 통지하기를 원하면, 캘리포니아 주 차량국에 대한 자립 미성년자 신청서(MC-315) 양식을 작성하여 자립 선고의 인증 사본과 함께 DMV에 제출하십시오.

자립은 영구적일까요?

자립은 보통 영구적입니다. 그러나, 신청에 포함된 진술이 사실이 아니거나, 자신을 부양할 수 없게 되면 자립 선고를 무효화할 수 있습니다.

자립 이외에 다른 방법을 선택할 수 있을까요?

자립은 자녀가 부모와 함께 살 수 없다고 생각하는 경우에 선택할 수 있는 몇 가지 방법 중의 하나입니다. 자녀는 다음과 같은 방법 중에서 선택할 수 있습니다:

- 이후 30일 이내에 신청에 대한 심리를 열도록 날짜를 정합니다.

서기는 판사 명령의 배서 보관 사본을 신청자에게 제공합니다.

심리를 열지 않는 자립 선고

판사가 모든 통지 및 동의 요건이 충족 및 면제되고 자립이 자녀의 최선의 이익에 배치되지 않는다고 판정하면 심리를 열지 않고 신청을 승인할 수 있습니다.

심리 일자 결정 및 통지

판사가 더 자세한 정보를 원하는 경우에는 통지 및 심리 일자 결정 명령 날짜로부터 30일 이내에 심리가 열립니다. 판사가 이 신청을 심리에 부치라고 명령하면 서기가 지방검사에게 심리 날짜 및 시간을 통보합니다. 판사는 자녀에게 부모 및 다른 사람들에게 심리가 열리는 시간 및 장소를 통지할 것을 요구할 수 있습니다. 판사는 자립 신청을 승인하기 전에 부모가 적절한 통지를 받는 것을 매우 엄격하게 확인할 수 있기 때문에 통지는 매우 중요합니다.

통지는 판사가 준 명단에 포함된 각 사람에게 자립 신청의 사본을 직접 전달하거나 우송하는 것을 말합니다. 심리 날짜가 결정된 후 가능한 한 빨리, 18세 이상 된 성인이 신청자를 대신해서 사본을 직접 전달하거나 우송하고 송달 증명서 양식을 작성하여 서기에게 제출해야 합니다.

2. 군대 입대(이것은 부모가 동의하고 군대에서 수락해야 합니다.)
3. 판사의 자립 선고

이 팜플렛에서는 판사의 선고에 의한 자립에 관해서만 설명합니다. 판사에 의해 자립을 선고 받으려면 판사에게 **다음의 모든 요건** 을 충족시킨다는 것을 확신시켜야 합니다:

1. 연령이 14세 이상 되었습니다.
2. 부모의 동의 또는 묵인을 받아 부모로부터 떨어져서 살기를 원합니다. (부모가 자녀가 떨어져서 사는 것에 반대하지 않습니다.)
3. 혼자서 재정을 관리할 수 있습니다.
4. 불법 활동이 아닌 수입원이 있습니다.
5. 자립이 자신의 최선의 이익과 배치되지 않습니다; 자신을 위해 유리합니다.

어떻게 판사에 의해 자립을 선고 받을 수 있을까요?

특정 양식을 작성하여 법원에 제출해야 합니다. 법원 서기 사무소에서 공백 양식을 받아 작성하십시오. 작성할 필수 양식은 다음과 같습니다:

- Petition for Declaration of Emancipation of Minor, Order Prescribing Notice, Declaration of Emancipation, and Order Denying Petition (EM-100) (미성년자에 대한 자립 선고 신청, 통지 명령, 자립 선고 및 명령 거부 신청)
- Emancipation of Minor - Income and Expense Declaration (EM-115) (미성년자의 자립—수입 및 지출 진술서)

- Notice of Hearing (EM-109) (심리 통지서) •
- Declaration of Emancipation of Minor After Hearing (EM-130) (심리 후 미성년자 자립 선고)

자립 신청(Petition)

자녀가 거주하는 카운티에 미성년자에 대한 자립 선고 신청 양식(MC-300)을 제출해야 합니다. (지역 서기 사무소에 확인하여 법원의 어느 부서가 자립을 취급하는지 알아보십시오. 자녀가 소년법원의 피보호자 또는 피후견인이면 신청을 소년법원에 제출해야 합니다.) 자녀만이 법원에 자립을 신청할 수 있습니다. 자녀는 확인 가능한 거주지 주소를 알려주어야 합니다. 또한, 미성년자의 자립—수입 및 지출 진술서 양식(MC-306)을 작성하여 신청에 첨부해야 합니다.

제출 수수료 또는 면제

자립 신청을 제출하려면 수수료를 지불해야 할 수도 있습니다. 서기에게 수수료를 지불해야 하는지 문의하십시오. 수수료를 지불할 경제적 여유가 없으면 법원 수수료 및 비용 면제 신청서 양식과 법원 수수료 및 비용 면제 신청서에 대한 명령 양식을 포함하는 수수료 면제 신청서를 제출할 수 있습니다. 수수료가 면제되지 않으면, 자립 신청자는 규정에 따라 제출 수수료를 지불해야 합니다. 제출 수수료를 지불할 능력 또는 무능력은 그 자체로 또는 당연히 자립을 위해 요구되는 미성년자의 재정적인 책임에 대한 증거가 아닙니다.

양식의 작성

- 양식에서 요구하는 모든 정보는 정자로 기재하거나 타자하십시오.
- 신청 양식에 서명하고 날짜를 기재하십시오.

- 생활 상황, 자립을 원하는 이유, 재정적인 자립 방법을 설명하는 진술서를 첨부하십시오. 자녀가 있는 경우에는 그들을 부양할 방법을 설명하십시오. 또한, 고용주나 집주인의 편지도 첨부할 수 있습니다.
- 부모나 후견인이 거주하는 곳을 모르는 경우에는 언제 부모를 마지막으로 보았고 부모가 거주하는 곳을 찾기 위해 어떤 노력을 했는지를 법원에 설명해야 합니다.
- 부모가 거주하는 곳을 알고 있으나 부모가 동의한다는 서명을 하기를 거부하는 경우에는 법원 서기로부터 심리 날짜를 받아 부모에게 심리 통지서를 보내야 합니다.
- 부모가 거주하는 곳을 알고 있으나 양 부모 또는 한 부모에게 이 신청에 관해 통지하기를 원치 않는 경우에는 이에 관한 모든 사유를 기술하고 법원에 부모에 대한 통지를 면제해 줄 것을 요청해야 합니다.

신청 및 다른 양식의 제출

양식들과 필요한 모든 첨부 서류를 작성하고 부모의 서명(가능한 경우)을 받은 후에 양식과 첨부 서류를 법원 서기 사무소로 가지고 가서 제출하십시오. (공백 양식을 받을 때, 서기에게 각 양식에 대해 사본을 몇 부씩 제출해야 하는지 문의하십시오. 사본 한 부는 반드시 자신이 보관해야 합니다.) 법원에 가서 서기에게 자립 신청을 제출하려고 한다고 말하고 서기에게 서류를 보여주십시오. 서기는 신청을 한 부 이상 보관합니다. 서기는 신청을 판사에게 전달하거나 또는 신청자가 판사에게 전달하는 방법을 알려줍니다. 신청을 제출한 날로부터 30일 이내에, 판사는

- 신청을 승인하거나; 또는
- 신청을 거부하거나; 또는

- obtener ayuda de agencias públicas y privadas
- un acuerdo informal con sus padres que le permita vivir fuera de la casa

Folleto de Emancipación

Este folleto sólo contiene información básica sobre los procedimientos de emancipación. Si necesita más información, le puede convenir consultar con un abogado.

Form Adopted for Optional Use
Judicial Council of California
EM-100-INFO S (Spanish) (Rev. September 1, 2018)

¿Qué es la emancipación?

La emancipación es un procedimiento legal que libera a hijos de la custodia y control de sus padres o tutores antes de ser mayores de edad. (En California, es mayor a los 18 años de edad.) Si se emancipa, podrá hacer ciertas cosas sin el consentimiento de sus padres, como por ejemplo:

- prestar consentimiento para el tratamiento médico
- solicitar un permiso de trabajo
- inscribirse en la escuela o universidad

También tendrá que renunciar a su derecho a que sus padres lo mantengan.

Aunque esté emancipado:

- Igual tiene que asistir a la escuela.
- No se puede casar sin el consentimiento de sus padres.
- Probablemente permanecerá bajo la jurisdicción de la corte de menores, si comete un delito.

Si tiene un tutor legal:

Todas las veces que este folleto hace referencia al padre o padres, incluye a los tutores legales y tutores.

¿Cómo me emancipo?

Hay **tres** maneras para emanciparse:

1. Puede casarse (Esto requiere el consentimiento de sus padres y permiso de la corte).
2. Puede incorporarse a las fuerzas armadas. (Esto requiere el consentimiento de sus padres y las fuerzas armadas lo tienen que aceptar).

¿Qué hago si el juez aprueba mi petición de emancipación?

Si el juez aprueba su petición de emancipación después de celebrar una audiencia, o sin audiencia, tiene que llevar sus documentos a la oficina del secretario y presentarlos. El secretario presentará la declaración de emancipación original y le dará copias que guardará como prueba de su emancipación. Es posible que tenga que mostrarle estas copias a empleadores, propietarios, médicos, funcionarios escolares u otros que normalmente requieren el consentimiento de sus padres.

Si quiere avisarle al Departamento de Vehículos Motorizados (DMV) de su emancipación, llene un formulario llamado Solicitud de un menor emancipado al Departamento de Vehículos Motorizados de California (EM-140) y llévelo al DMV junto con una copia certificada de la declaración de emancipación.

¿La emancipación es permanente?

Por lo general, la emancipación es permanente. Sin embargo, si hay declaraciones en su petición que no son ciertas, o si se vuelve incapaz de mantenerse, la corte puede anular la declaración de emancipación.

¿Tengo otras opciones aparte de la emancipación?

La emancipación es sólo una de varias alternativas que tiene a su disposición si cree que no puede vivir con sus padres. Le puede convenir considerar otras opciones como:

- consejería familiar o servicios de mediación para usted y sus padres
- vivir con otro adulto responsable (tía, tío, abuelo/a, o amigo de la familia)

- fijará una fecha para una audiencia sobre su petición a celebrarse en los 30 días siguientes.

El secretario de la corte le dará una copia “endosada y presentada” de la orden del juez.

Declaración de emancipación sin audiencia

Si el juez determina que se cumplieron o se renunciaron a todos los requisitos de aviso y consentimiento, y que la emancipación no va en contra de su mejor interés, es posible que le apuebe la petición sin tener una audiencia.

Fijar una fecha de audiencia y dar aviso

Si el juez quiere más información, se celebrará una audiencia dentro de los 30 días de la orden que requiere aviso y fija una fecha de audiencia. Si el juez ordena que haya una audiencia para tratar la cuestión, el secretario le informará al fiscal de la hora y fecha de la audiencia. Es posible que el juez le obligue dar aviso del horario y lugar de la audiencia a sus padres y otras personas. Esto es muy importante porque es posible que el juez sea muy estricto al verificar que sus padres recibieron el aviso debido antes de aprobar su petición de emancipación.

Para dar aviso es necesario enviar por correo o dar personalmente una copia de la petición de emancipación a cada persona que el juez le indique. Un adulto, de 18 años de edad o más, tiene que dar personalmente o enviar las copias lo antes posible después de que se fije la fecha. Luego, esa persona tiene que llenar un formulario de *Prueba de entrega* para que usted lo presente ante el secretario de la corte.

3. Puede obtener una declaración de emancipación de un juez.

Este folleto sólo le dice cómo ser declarado emancipado por un juez. Si quiere que un juez lo declare emancipado, tiene que convencerlo de que cumpla **TODOS los siguientes requisitos:**

1. Que tiene por lo menos 14 años de edad.
2. Voluntariamente quiere vivir separado y aparte de sus padres con el consentimiento o acuerdo de sus padres. (Sus padres no se oponen a que viva separado de ellos.)
3. Puede manejar sus propias finanzas.
4. Tiene una fuente de ingresos que no proviene de ninguna actividad ilegal.
5. La emancipación no estaría en contra de su mejor interés; sería bueno para usted.

¿Cómo consigo que un juez me declare emancipado?

Tendrá que llenar ciertos formularios y presentarlos ante la corte. Puede obtener formularios en blanco para llenar desde la oficina del secretario de la corte. Los formularios que *tiene que* llenar son:

- *Petición para una declaración de emancipación de un menor, Orden de prescripción de aviso, Declaración de emancipación, y Orden denegando petición* (EM-100)
- *Emancipación de un menor – Declaración de ingresos y gastos* (EM-115)
- *Aviso de audiencia* (EM-109)
- *Declaración de emancipación de un menor después de la audiencia* (EM-130)

Petición de emancipación

Tiene que presentar una *Petición de declaración de emancipación de un menor* (formulario EM-100) en el condado en que vive. (Consulte la oficina del secretario en su zona para averiguar qué división de la corte trata las emancipaciones. Si es dependiente o pupilo de la corte de menores, la petición se tiene que presentar en la corte de menores.) Sólo usted puede presentar una petición de emancipación a la corte. También le pedirán que dé una dirección de residencia verificable. También tiene que llenar y adjuntar a la petición un formulario llamado *Emancipación de un menor – Declaración de ingresos y gastos* (formulario EM-115).

Honorarios de presentación o exención

Es posible que tenga que pagar una cuota para presentar su petición de emancipación. Pregúntele al secretario si tiene que pagar una cuota. Si no puede pagar, puede presentar una solicitud para no tener que pagar el honorario. Llene y presente estos formularios: *Solicitud de exención de cuotas y costos de la corte* y *Orden sobre la solicitud de exención de cuotas y costos de la corte*. A menos que lo eximan, el solicitante pagará el honorario de presentación que se indique. La responsabilidad financiera del menor requerida para obtener emancipación no queda comprobada simplemente por haber pagado el honorario.

Cómo llenar los formularios

- Escriba en letra de molde o a máquina TODA la información en los formularios.
- Firme la petición y escriba la fecha.
- Incluya una declaración explicando cómo y dónde vive, por qué quiere ser emancipado, y cómo se

está manteniendo. Si tiene hijos, diga cómo los está manteniendo. También puede incluir cartas de su empleador y el propietario de su vivienda.

- Si no sabe dónde viven sus padres o tutores, tiene que decir a la corte cuándo vio a sus padres por última vez y qué esfuerzos ha hecho para averiguar dónde viven.
- Si sabe donde viven sus padres, pero se niegan a firmar el consentimiento, tiene que obtener una fecha de audiencia del secretario de la corte y dar aviso a sus padres de la audiencia.
- Si sabe donde viven sus padres pero no quiere avisar a uno o a ambos que presentó esta petición, tiene que escribir TODOS sus motivos y solicitarle a la corte que le eximan el requisito de avisarle a sus padres.

Cómo presentar la petición y otros formularios

Después de haber llenado los formularios y todos los adjuntos necesarios, y de obtener las firmas de sus padres (si es posible), lleve los formularios y adjuntos a la oficina del secretario para presentarlos. (Cuando vaya a buscar los formularios en blanco, pregúntele al secretario cuántas copias de cada formulario llenado tiene que llevar. No se olvide de quedarse con una copia.) Cuando llegue a la corte, dígame al secretario que está presentando una petición de emancipación y muéstrole sus documentos. El secretario se quedará con por lo menos una copia de su petición. El secretario le dará la petición al juez, o le indicará cómo tiene que hacer para dársela usted. Dentro de los 30 días después de presentar la petición, el juez

- aprobará su petición; o
- denegará su petición; o

- các dịch vụ cố vấn cho gia đình hoặc hòa giải giữa bạn và cha mẹ của bạn
- sống với một người lớn khác có trách nhiệm (cô dì, chú bác, ông bà, hoặc bạn của gia đình)
- nhờ các cơ quan công và tư trợ giúp
- một thỏa thuận không nghi thức với cha mẹ bạn để cho phép bạn sống riêng

TẬP HƯỚNG DẪN VỀ GIẢI TỎA TƯ CÁCH NƯƠNG TỰA

*Tập hướng dẫn này chỉ thông tin cơ bản về những
phiên xử giải tỏa tư cách nương tựa.
Nếu bạn cần thêm chi tiết, bạn có thể hỏi luật sư.*

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Judicial Council of California
EM-100-INFO V (Vietnamese) (Rev. September 1, 2018)

GIẢI TỎA TƯ CÁCH NƯỞNG TỰA LÀ GÌ?

Giải tỏa tư cách nưong tựa là một thủ tục pháp lý giải tỏa cho trẻ để không còn chịu quyền nuôi dưỡng và kiểm soát của cha mẹ hoặc người giám hộ trước khi trẻ đến tuổi thành niên. (Tại California, tuổi thành niên là 18.) Nếu được giải tỏa tư cách nưong tựa, bạn sẽ có thể làm một số việc mà không cần phải được cha mẹ ứng thuận, chẳng hạn như:

- ứng thuận điều trị y khoa
- xin giấy phép làm việc
- ghi danh đi học tại một trường hoặc viện đại học

Bạn cũng từ bỏ quyền được cha mẹ cấp dưỡng.

Dù bạn được giải tỏa tư cách nưong tựa:

- Bạn vẫn phải đi học.
- Bạn không được kết hôn nếu không được cha mẹ ứng thuận.
- Bạn có thể vẫn thuộc thẩm quyền của tòa thiếu niên nếu phạm pháp.

NẾU BẠN CÓ NGƯỜI GIÁM HỘ PHÁP LÝ:

Tất cả những chỗ trong tập hướng dẫn này nói về cha mẹ đều gồm cả người giám hộ pháp lý hoặc người giám hộ.

LÀM THẾ NÀO ĐỂ TÔI ĐƯỢC GIẢI TỎA TƯ CÁCH NƯỞNG TỰA?

Có ba cách để bạn được giải tỏa tư cách nưong tựa:

1. Bạn có thể kết hôn (Trường hợp phải được cha mẹ ứng thuận và được tòa cho phép.)

TÔI PHẢI LÀM GÌ NẾU TÒA CHẤP THUẬN ĐƠN XIN GIẢI TỎA TƯ CÁCH NƯỞNG TỰA CỦA TÔI?

Nếu tòa chấp thuận đơn xin giải tỏa nưong tựa của bạn sau khi mở phiên xử hoặc không cần xử, bạn phải đem giấy tờ lại nộp cho văn phòng lục sự. Lục sự sẽ nộp bản gốc tuyên bố giải tỏa tư cách nưong tựa, và giao cho bạn những bản sao để lưu làm bằng chứng giải tỏa tư cách nưong tựa. Bạn có thể cần xuất trình những bản sao này cho sở làm, chủ nhà, bác sĩ, các viên chức nhà trường, hoặc những người khác cần phải có giấy ứng thuận của cha mẹ.

Nếu bạn muốn thông báo cho Nha Lộ Vận (DMV) về tình trạng được giải tỏa tư cách nưong tựa của mình, hãy điền một Mẫu Đơn của Vị Thành Niên Được Giải Tỏa Tư Cách Nưong Tựa cho Nha Lộ Vận California (EM-140) và đem đến DMV cùng với một bản sao thị thực của tuyên bố giải tỏa tư cách nưong tựa.

LỆNH GIẢI TỎA TƯ CÁCH NƯỞNG TỰA CÓ VĨNH VIỄN HAY KHÔNG?

Lệnh giải tỏa tư cách nưong tựa thông thường có giá trị vĩnh viễn. Tuy nhiên, nếu có những lời khai trong đơn của bạn không đúng sự thật, hoặc nếu bạn không thể tự nuôi thân, tòa có thể hủy bỏ lệnh tuyên bố giải tỏa nưong tựa.

TÔI CÓ CHỌN LỰA GÌ KHÁC NGOÀI VIỆC GIẢI TỎA TƯ CÁCH NƯỞNG TỰA?

Giải tỏa tư cách nưong tựa là một trong nhiều giải pháp cho bạn nếu bạn cảm thấy không thể sống với cha mẹ. Bạn có thể xét đến những giải pháp khác như:

- ấn định ngày xử trên đơn trong vòng 30 ngày sau đó.

Lục sự sẽ giao cho bạn một bản sao lệnh tòa được chứng nhận là đã nộp.

Tuyên bố giải tỏa nương tựa mà không cần xử

Nếu tòa kết luận rằng tất cả các điều kiện về thông báo và ứng thuận đã được đáp ứng hoặc miễn, và giải tỏa nương tựa không đi ngược lại quyền lợi tốt nhất của bạn, tòa có thể chấp thuận đơn xin của bạn mà không cần phải mở phiên xử.

Ấn định phiên xử và thông báo

Nếu tòa muốn có thêm chi tiết, một phiên xử sẽ được tổ chức trong vòng 30 ngày sau khi ra lệnh phải thông báo và ấn định ngày xử. Nếu tòa ra lệnh sẵn sàng phân xử nội vụ, lục sự sẽ thông báo cho biện lý địa hạt về ngày giờ của phiên xử. Tòa có thể đòi hỏi bạn phải thông báo cho cha mẹ và những người khác về ngày giờ và địa điểm phiên xử. Điều kiện này rất quan trọng, vì tòa có thể rất nghiêm ngặt về việc bảo đảm là cha mẹ bạn phải được thông báo đúng mức trước khi chấp thuận đơn xin giải tỏa nương tựa.

Bạn có thể thông báo bằng cách nhờ giao tay hoặc gửi qua đường bưu điện bản sao của đơn xin giải tỏa nương tựa cho mỗi người được tòa liệt kê cho bạn. Một người lớn, từ 18 tuổi trở lên, phải đích thân giao tay hoặc gửi qua đường bưu điện những bản sao này cho bạn càng sớm càng tốt sau khi ấn định ngày xử, và điền mẫu *Proof of Service (Bằng Chứng Tổng Đạt)* và nộp cho lục sự.

2. Bạn có thể nhập ngũ. (Trường hợp phải được cha mẹ ứng thuận và quân đội nhận nhập ngũ.)
3. Bạn có thể xin tòa tuyên bố giải tỏa tư cách nương tựa.

Tập hướng dẫn này chỉ cho biết về cách xin tòa tuyên bố giải tỏa tư cách nương tựa. Nếu bạn muốn tòa tuyên bố giải tỏa tư cách nương tựa, bạn phải thuyết phục tòa là bạn hội đủ **TẤT CẢ các điều kiện sau đây**:

1. Bạn đã đủ ít nhất là 14 tuổi.
2. Bạn muốn sống riêng rẽ với cha mẹ nếu được cha mẹ ứng thuận hoặc không phản đối. (Cha mẹ bạn không phản đối việc bạn ở riêng.)
3. Bạn có thể tự lo liệu về tài chánh.
4. Bạn có một nguồn lợi tức không phải do hoạt động bất hợp pháp mà ra.
5. Giải tỏa tư cách nương tựa phải không đi ngược với các quyền lợi tốt nhất của bạn; mà là có lợi cho bạn.

LÀM THẾ NÀO ĐỂ TÔI XIN TÒA TUYÊN BỐ GIẢI TỎA TƯ CÁCH NƯƠNG TỰA?

Bạn cần phải điền một số mẫu đơn và nộp cho tòa. Bạn có thể đến văn phòng lục sự tòa để lấy những mẫu đơn trống để điền. Những mẫu đơn bạn *phải* điền là:

- *Petition for Delaration of Emancipation of Minor, Order Prescribing Notice, Declaration of Emancipation, và Order Denying Petition (EM-100) (Đơn Xin Giải Tỏa Tư Cách Nương Tựa của Vị Thành Niên, Thông Báo Ghi lệnh, Tuyên Bố Giải Tỏa Tư Cách Nương Tựa, và Lệnh Bác Đơn Xin)*
- *Emancipation of Minor—Income and Expense Declaration (MC-306) (Giải Tỏa Tư Cách Nương Tựa của Vị Thành Niên—Bản Tuyên Khai Lợi Tức và Chi Phí)*

- *Notice of Hearing* (EM-109) (*Thông Báo Phiên Xử*)
- *Declaration of Emancipation of Minor After Hearing* (EM-130) (*Tuyên Bố Giải Tỏa Tư Cách Nương Tựa của Vị Thành Niên Sau Khi Xử*)

Đơn xin giải tỏa tư cách nương tựa

Bạn phải điền *Petition for Declaration of Emancipation of Minor* (EM-100) (*Đơn Xin Giải Tỏa Tư Cách Nương Tựa của Vị Thành Niên*) tại quận cư ngụ của bạn. (Hỏi văn phòng lục sự địa phương để biết ban nào của tòa lo về giải tỏa tư cách nương tựa. Nếu bạn là người đang nương tựa hoặc thuộc trách nhiệm của tòa thiếu niên, đơn phải được nộp tại tòa thiếu niên.) Chỉ có bạn mới được nộp đơn xin tòa giải tỏa nương tựa. Bạn sẽ được yêu cầu cung cấp địa chỉ cư ngụ có thể kiểm chứng được. Bạn cũng phải điền và kèm theo đơn xin một mẫu *Emancipation of Minor—Income and Expense Declaration* (MC-306) (*Giải Tỏa Tư Cách Nương Tựa của Vị Thành Niên—Bản Tuyên Khai Lợi Tức và Chi Phí*).

Lệ phí nộp đơn hoặc miễn khoản

Bạn có thể phải đóng một khoản lệ phí nộp đơn xin giải tỏa tư cách nương tựa. Hỏi lục sự xem có phải đóng lệ phí hay không. Nếu bạn không có khả năng đóng lệ phí, bạn có thể nộp đơn xin miễn lệ phí, kể cả mẫu *Application for Waiver of Court Fees and Costs* (*Đơn Xin Miễn Lệ Phí và Án Phí*) và một mẫu *Order on Application of Court Fees and Costs* (*Lệnh về Đơn Xin Miễn Lệ Phí và Án Phí*). Nếu không được miễn, đương đơn phải đóng lệ phí nộp đơn như được quy định. Khả năng trả được hay không trả được lệ phí nộp đơn không phải là bằng chứng về trách nhiệm tài chính của trẻ vị thành niên theo điều kiện được giải tỏa tư cách nương tựa.

Điền đơn

- Viết chữ in hoặc đánh máy TẤT CẢ các chi tiết hỏi trên những mẫu đơn này.
- Ký tên và đề ngày trong đơn xin.

- Kèm theo một bản ghi giải thích về tình trạng sinh sống của bạn, tại sao bạn muốn được giải tỏa tư cách nương tựa, và bạn tự nuôi thân như thế nào. Nếu bạn có con, hãy cho biết bạn nuôi con bằng cách nào. Bạn cũng có thể kèm thêm thư của sở làm và chủ nhà.
- Nếu bạn không biết cha mẹ hoặc người giám hộ bạn sống ở đâu, bạn phải cho tòa biết lần sau cùng bạn gặp cha mẹ bạn là khi nào và bạn đã có các nỗ lực gì để tìm xem cha mẹ bạn ở đâu.
- Nếu bạn biết cha mẹ bạn sống ở đâu, nhưng họ không chịu ký giấy ưng thuận, bạn phải xin lục sự hẹn ngày xử, và giao thông báo phiên xử cho cha mẹ.
- Nếu bạn biết cha mẹ bạn sống ở đâu, nhưng không muốn thông báo cho một hoặc cả hai người về đơn xin này, bạn phải ghi TẤT CẢ các lý do của mình và xin tòa miễn điều kiện thông báo cho cha mẹ.

Điền đơn và những mẫu khác

Sau khi bạn đã điền các mẫu đơn và tất cả những phụ đính cần thiết, và có chữ ký của cha mẹ (nếu có thể được), hãy đem những mẫu đơn và phụ đính này đến nộp tại văn phòng lục sự. (Khi bạn lấy những mẫu đơn trống, hãy hỏi lục sự xem bạn cần đem theo bao nhiêu bản của mỗi mẫu. Nhớ giữ lại một bản cho chính mình.) Khi đến tòa, hãy cho lục sự biết là bạn muốn nộp đơn xin giải tỏa tư cách nương tựa và đưa cho lục sự giấy tờ của bạn. Lục sự sẽ giữ ít nhất là một bản đơn của bạn. Lục sự sẽ nộp hoặc bảo bạn nộp đơn cho thẩm phán. Trong vòng 30 ngày sau khi nộp đơn, tòa sẽ

- chấp thuận đơn xin của bạn; hoặc
- bác đơn xin của bạn; hoặc

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
IN THE MATTER OF (NAME): <div style="text-align: right;">Petitioner, a minor</div>	
<div style="text-align: center;"> NOTICE OF HEARING—EMANCIPATION OF MINOR <input type="checkbox"/> CONSENT AND WAIVER OF NOTICE </div>	CASE NUMBER:

1. The minor (name): _____ has filed a petition asking the court to declare the minor an **EMANCIPATED MINOR**. If the petition is granted, the minor will be considered to be over the age of majority for purposes set forth in California Family Code section 7050.
2. A HEARING for the court to consider the petition will be held:
 on (date): _____ at (time): _____ in Dept.: _____ Room: _____

TO PARENTS:

IF THE PETITION IS GRANTED, THE MINOR, THE MINOR'S REPRESENTATIVE, OR THE DISTRICT ATTORNEY MAY LATER PETITION THE COURT TO RESCIND THE DECLARATION OF EMANCIPATION AND YOU MAY BE LIABLE FOR SUPPORT AND MEDICAL COVERAGE FOR THE MINOR.

Date: _____

 (TYPE OR PRINT NAME)

☐ PETITIONER ☐ CLERK
CONSENT AND WAIVER OF NOTICE

The undersigned give up the right to notice of a hearing on the Petition for Declaration of Emancipation, and consent to a declaration of emancipation without a hearing.

- | | | |
|--|------------------|--------------|
| a. <input type="checkbox"/> Mother:
Address:
Telephone number: | Signature: _____ | Dated: _____ |
| b. <input type="checkbox"/> Father:
Address:
Telephone number: | Signature: _____ | Dated: _____ |
| c. <input type="checkbox"/> Legal guardian:
Address:
Telephone number: | Signature: _____ | Dated: _____ |
| d. <input type="checkbox"/> Social worker:
<input type="checkbox"/> Probation officer:
Address:
Telephone number: | Signature: _____ | Dated: _____ |
| e. <input type="checkbox"/> District attorney:
Address:
Telephone number: | Signature: _____ | Dated: _____ |

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
IN THE MATTER OF (NAME): <div style="text-align: right;">Petitioner, a minor</div>	
EMANCIPATION OF MINOR INCOME AND EXPENSE DECLARATION	CASE NUMBER:

1. My name and address are:

My telephone number is:

I have been living at this address since:

I live there with *(name and relationship of all persons, including children)*:

2. My date of birth is:

3. a. ☐ I am attending school *(name of school and grade)*:

b. ☐ I am not attending school. The highest year of education I have completed is:

4. My occupation is:

5. a. ☐ I am employed. My place of employment is *(name and address)*:

I started work there on *(date)*:

b. ☐ I am not employed at the present time. I last worked from *(starting month and year)*:

to *(ending month and year)*: My gross monthly earnings were: \$

6. a. ☐ I am not receiving welfare or AFDC and I do not intend to apply for welfare or AFDC.

b. ☐ I am receiving welfare or AFDC. Monthly amount received: \$

c. ☐ I have applied for welfare or AFDC.

d. ☐ I intend to apply for welfare or AFDC.

IN THE MATTER OF <i>(name)</i> :	CASE NUMBER:
----------------------------------	--------------

7. The average of my gross monthly earnings is: Amount
- a. ☐ Salary and wages, including bonuses and overtime \$
- b. ☐ Money received from parents or other adults assisting me \$
(name and relationship):
- c. ☐ Other *(specify source and amount):* \$
8. I have the following assets: Value
- a. ☐ Cash \$
- b. ☐ Checking account \$
- c. ☐ Savings account \$
- d. ☐ Stocks, bonds \$
- e. ☐ Vehicle *(year, make, model)* \$
- f. ☐ Other *(specify):* \$
9. My monthly expenses are: Amount
- a. ☐ Rent or ☐ Mortgage \$
- b. ☐ Food \$
- c. ☐ Clothing \$
- d. ☐ Phone and utilities \$
- e. ☐ Vehicle \$
- (1) Loan payments \$
- (2) Maintenance \$

I declare under penalty of perjury that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF PETITIONER)

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>): ATTORNEY FOR (<i>Name</i>): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	TELEPHONE NO.:	FOR COURT USE ONLY
IN THE MATTER OF (<i>NAME</i>): <div style="text-align: right;">Petitioner, a minor</div>		CASE NUMBER:
DECLARATION OF EMANCIPATION OF MINOR AFTER HEARING		

1. This proceeding came on for hearing as follows:

a. Date: _____ Time: _____ ☐ Dept.: _____ ☐ Div.: _____ ☐ Room: _____

b. Judge (*name*): _____

c. Present in court:

<input type="checkbox"/> Petitioner <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Probation officer (<i>name</i>): <input type="checkbox"/> Social worker (<i>name</i>): <input type="checkbox"/> County counsel (<i>name</i>): <input type="checkbox"/> District attorney (<i>name</i>): <input type="checkbox"/> Other (<i>name and relationship to minor</i>):	<input type="checkbox"/> Attorney (<i>name</i>): <input type="checkbox"/> Attorney (<i>name</i>): <input type="checkbox"/> Attorney (<i>name</i>):
---	--

2. THE COURT FINDS THAT:

- a. ☐ Notice was given as prescribed by the court.
- b. ☐ Warning has been given to the petitioner's ☐ mother ☐ father that a court may rescind the declaration of emancipation and the parents may become liable for the minor's support and medical coverage.
- c. The petitioner is a person described by Family Code section 7120.
- d. Emancipation is not contrary to the best interests of the petitioner.

3. THE PETITION IS GRANTED. THE PETITIONER IS DECLARED TO BE EMANCIPATED FOR THE PURPOSES SET FORTH IN FAMILY CODE SECTION 7050 ET SEQ.

Date: _____

(JUDGE OF THE SUPERIOR COURT)

[SEAL]

CLERK'S CERTIFICATE

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date: _____ Clerk, by _____, Deputy

ATTORNEY OR PARTY WITHOUT 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
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
IN THE MATTER OF (NAME): _____	
EMANCIPATED MINOR'S APPLICATION TO CALIFORNIA DEPARTMENT OF MOTOR VEHICLES	CASE NUMBER: _____

On _____ I was declared to be emancipated for the purposes set forth in Family Code
(DATE OF EMANCIPATION ORDER)

section 7050 et seq. by order of the Honorable _____
(NAME OF JUDICIAL OFFICER)

Judge of the Superior Court of _____ County.
(NAME OF COUNTY)

I apply to the California Department of Motor Vehicles for entry of identifying information in its law enforcement computer network and for inclusion of the fact of my emancipation on any identification card issued to me by the Department. I have attached a certified copy of the Declaration of Emancipation.

Date: _____



(SIGNATURE OF EMANCIPATED MINOR)

Name: _____

Address: _____

CDC or ID Number: _____

(Court)

PETITION FOR WRIT OF HABEAS CORPUS

No. _____

(To be supplied by the Clerk of the Court)

Petitioner

vs.

Respondent

INSTRUCTIONS—READ CAREFULLY

- If you are challenging an order of commitment or a criminal conviction and are filing this petition in the superior court, you should file it in the county that made the order.
- If you are challenging the conditions of your confinement and are filing this petition in the superior court, you should file it in the county in which you are confined.

- Read the entire form *before* answering any questions.
- This petition must be clearly handwritten in ink or typed. You should exercise care to make sure all answers are true and correct. Because the petition includes a verification, the making of a statement that you know is false may result in a conviction for perjury.
- Answer all applicable questions in the proper spaces. If you need additional space, add an extra page and indicate that your answer is "continued on additional page."
- If you are filing this petition in the superior court, you only need to file the original unless local rules require additional copies. Many courts require more copies.
- If you are filing this petition in the Court of Appeal in paper form and you are an attorney, file the original and 4 copies of the petition and, if separately bound, 1 set of any supporting documents (unless the court orders otherwise by local rule or in a specific case). If you are filing this petition in the Court of Appeal electronically and you are an attorney, follow the requirements of the local rules of court for electronically filed documents. If you are filing this petition in the Court of Appeal and you are *not* represented by an attorney, file the original and one set of any supporting documents.
- If you are filing this petition in the California Supreme Court, file the original and 10 copies of the petition and, if separately bound, an original and 2 copies of any supporting documents.
- Notify the Clerk of the Court in writing if you change your address after filing your petition.

Approved by the Judicial Council of California for use under rule 8.380 of the California Rules of Court (as amended effective January 1, 2007). Subsequent amendments to rule 8.380 may change the number of copies to be furnished to the Supreme Court and Court of Appeal.

This petition concerns:

- ☐ A conviction ☐ Parole
- ☐ A sentence ☐ Credits
- ☐ Jail or prison conditions ☐ Prison discipline
- ☐ Other (specify): _____

1. Your name: _____
2. Where are you incarcerated? _____
3. Why are you in custody? ☐ Criminal conviction ☐ Civil commitment

Answer items a through i to the best of your ability.

- a. State reason for civil commitment or, if criminal conviction, state nature of offense and enhancements (for example, "robbery with use of a deadly weapon").

- b. Penal or other code sections: _____

- c. Name and location of sentencing or committing court:

- d. Case number: _____

- e. Date convicted or committed: _____

- f. Date sentenced: _____

- g. Length of sentence: _____

- h. When do you expect to be released? _____

- i. Were you represented by counsel in the trial court? ☐ Yes ☐ No *If yes, state the attorney's name and address:*

4. What was the LAST plea you entered? (Check one):

☐ Not guilty ☐ Guilty ☐ Nolo contendere ☐ Other: _____

5. If you pleaded not guilty, what kind of trial did you have?

☐ Jury ☐ Judge without a jury ☐ Submitted on transcript ☐ Awaiting trial

6. GROUNDS FOR RELIEF

Ground 1: State briefly the ground on which you base your claim for relief. For example, "The trial court imposed an illegal enhancement." (If you have additional grounds for relief, use a separate page for each ground. State ground 2 on page 4. For additional grounds, make copies of page 4 and number the additional grounds in order.)

[illegible]

a. Supporting facts:

Tell your story briefly without citing cases or law. If you are challenging the legality of your conviction, describe the facts on which your conviction is based. *If necessary, attach additional pages.* CAUTION: You must state facts, not conclusions. For example, if you are claiming incompetence of counsel, you must state facts specifically setting forth what your attorney did or failed to do and how that affected your trial. Failure to allege sufficient facts will result in the denial of your petition. (See *In re Swain* (1949) 34 Cal.2d 300, 304.) A rule of thumb to follow is, *who* did exactly *what* to violate your rights at what time (*when*) or place (*where*). (*If available, attach declarations, relevant records, transcripts, or other documents supporting your claim.*)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

b. Supporting cases, rules, or other authority (*optional*):

(Briefly discuss, or list by name and citation, the cases or other authorities that you think are relevant to your claim. If necessary, attach an extra page.)

7. **Ground 2 or Ground _____** (if applicable):

[illegible]

a. Supporting facts:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

b. Supporting cases, rules, or other authority:

[illegible]

8. Did you appeal from the conviction, sentence, or commitment? ☐ Yes ☐ No If yes, give the following information:
- a. Name of court ("Court of Appeal" or "Appellate Division of Superior Court"): _____
- b. Result: _____ c. Date of decision: _____
- d. Case number or citation of opinion, if known: _____
- e. Issues raised: (1) _____
(2) _____
(3) _____
- f. Were you represented by counsel on appeal? ☐ Yes ☐ No If yes, state the attorney's name and address, if known:

9. Did you seek review in the California Supreme Court? ☐ Yes ☐ No If yes, give the following information:
- a. Result: _____ b. Date of decision: _____
- c. Case number or citation of opinion, if known: _____
- d. Issues raised: (1) _____
(2) _____
(3) _____
10. If your petition makes a claim regarding your conviction, sentence, or commitment that you or your attorney did not make on appeal, explain why the claim was not made on appeal:

11. Administrative review:
- a. If your petition concerns conditions of confinement or other claims for which there are administrative remedies, failure to exhaust administrative remedies may result in the denial of your petition, even if it is otherwise meritorious. (See *In re Muszalski* (1975) 52 Cal.App.3d 500.) Explain what administrative review you sought or explain why you did not seek such review:

- b. Did you seek the highest level of administrative review available? ☐ Yes ☐ No
Attach documents that show you have exhausted your administrative remedies.

12. Other than direct appeal, have you filed any other petitions, applications, or motions with respect to this conviction, commitment, or issue in any court? ☐ Yes If yes, continue with number 13. ☐ No If no, skip to number 15.

13 a. (1) Name of court: _____

(2) Nature of proceeding (for example, "habeas corpus petition"): _____

(3) Issues raised: (a) _____

(b) _____

(4) Result (attach order or explain why unavailable): _____

(5) Date of decision: _____

b. (1) Name of court: _____

(2) Nature of proceeding: _____

(3) Issues raised: (a) _____

(b) _____

(4) Result (*attach order or explain why unavailable*): _____

(5) Date of decision: _____

c. *For additional prior petitions, applications, or motions, provide the same information on a separate page.*

14. If any of the courts listed in number 13 held a hearing, state name of court, date of hearing, nature of hearing, and result:

15. Explain any delay in the discovery of the claimed grounds for relief and in raising the claims in this petition. (See *In re Swain* (1949) 34 Cal.2d 300, 304.)

16. Are you presently represented by counsel? ☐ Yes ☐ No If yes, state the attorney's name and address, if known:

17. Do you have any petition, appeal, or other matter pending in any court? ☐ Yes ☐ No If yes, explain:

18. If this petition might lawfully have been made to a lower court, state the circumstances justifying an application to this court:

I, the undersigned, say: I am the petitioner in this action. I declare under penalty of perjury under the laws of the State of California that the foregoing allegations and statements are true and correct, except as to matters that are stated on my information and belief, and as to those matters, I believe them to be true.

Date: _____



(SIGNATURE OF PETITIONER)

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS (<i>optional</i>): ATTORNEY FOR (<i>Name</i>):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
In re DEFENDANT: , on habeas corpus Date of birth: California Dept. of Corrections No. (<i>if applicable</i>):	
NOTICE AND REQUEST FOR RULING (Cal. Rules of Court, rule 4.551(a)(3)(B))	CASE NUMBER(S):

I, _____, filed a petition for writ of habeas corpus in the above entitled case in the Superior Court of California, County of (*name*): _____ on (*date*): _____.

As of this date, I have not received a ruling on the petition within 60 days of filing as required by rule 4.551(a)(3)(A) of the California Rules of Court. Therefore, I request that the court rule on the petition. (Cal. Rules of Court, rule 4.551(a)(3)(B).) A copy of the original petition for writ of habeas corpus is attached to this *Notice and Request for Ruling*.

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)

JUROR QUESTIONNAIRE FOR CIVIL CASES

Code of Civil Procedure Section 205(c)-(d)

Sec. 1. Statutory Authority

This Juror Questionnaire has been drafted under the authority of Code of Civil Procedure section 205(c)-(d) and is intended to expedite jury selection. It is not intended to alter statutes or rules governing the authority of the court or the role of counsel during voir dire.

Sec. 2. Use Notes for Courts

A. General

This Juror Questionnaire is intended for use in the court's discretion in appropriate civil cases. Its use in cases of brief duration may not be appropriate. Particular kinds of cases may require that this questionnaire be altered or augmented. The Personal Injury Supplement is intended to be used along with the General Questions in personal injury actions. Judges, in their own discretion, must determine what additional kinds of inquiry are appropriate in any given case.

B. Pre-Voir Dire Conference

The court should confer with counsel about voir dire before a jury panel is called. At this conference, the court may establish (1) guidelines for the use of the Juror Questionnaire, (2) any supplemental questions to be propounded to the panel by questionnaire, (3) the extent of the court's oral inquiry of the panel, and (4) the extent of oral questioning by counsel. Proposed supplemental questions drafted by counsel should be filed and served at least three court days before the pre-voir dire conference. Arrangements for duplication of completed questionnaires should be confirmed. The parties should share the cost of duplication.

C. Introduction of Questionnaire to Prospective Jurors

It is suggested that the Juror Questionnaire be used after the court has given its customary introductory remarks and any additional instructions that the court deems appropriate. The court also may wish to tell the panel members that a questionnaire will be used, to encourage complete answers, and to remind them that their answers will be given under penalty of perjury. In introducing the questionnaire, the court should instruct prospective jurors how to proceed if they have difficulty reading or filling out the form.

The court could direct that the Juror Questionnaire be given to prospective jurors by the jury commissioner in the jury assembly room. However, this procedure ordinarily will mean that jurors are not given complete instructions about the type of case they will hear or the identity of participants and witnesses. In addition, jurors who fill out the form before appearing in the trial court may not clearly understand that their answers are given under penalty of perjury. For these reasons, and to avoid the need to have jurors fill out supplemental questionnaires once they have been sent to the trial court, it is strongly recommended that the Juror Questionnaire be used in the trial court setting.

JUROR QUESTIONNAIRE FOR CIVIL CASES

Introduction and Instructions

Thank you for coming to court as a potential juror. Before the case can start, a jury must be selected. The judge and the people involved in the case need to know something about you in order to select jurors who can be fair to both sides.

Everyone has attitudes and opinions that are shaped by their life experiences. Sometimes these experiences can make it difficult to look at a certain issue in an unbiased and unemotional way. As a juror, you must return a verdict based on the law and on the facts proved in court, not on emotion or on other views not supported by the evidence. The judge will give you instructions on the law and on how you should go about deciding the case. You must listen to and follow the judge's instructions.

The questions on this form are designed to help the court and the lawyers learn something about your background and your views on issues that may be related to this case. The questions are asked not to invade your privacy, but to make sure that you can be a fair and impartial juror. If there is any reason why you might not be able to give both sides a fair trial in this case, it is important that you say so.

The judge has decided to use this form to save time and to give you a chance to tell the court and the lawyers about yourself.

In portions of this form, you will see the term "significant personal relationship." That term means a former spouse, domestic partner, life partner, or anyone with whom you have an influential or intimate relationship that you would characterize as important.

If there is anything you do not want to talk about in open court, please circle the question number. After you have finished the questionnaire, let the clerk know that you have circled one or more question numbers.

Do not write on the back of any page. Use an additional sheet of paper.

If you are called to the jury box, your answers to this questionnaire become a matter of public record, just as if you had answered the questions aloud in the courtroom.

If you have trouble reading, understanding, or filling out this form, please let the court clerk know.

PLEASE REMEMBER THAT YOU ARE ANSWERING THESE QUESTIONS UNDER PENALTY OF PERJURY. YOUR ANSWERS MUST BE TRUE AND COMPLETE. THANK YOU FOR YOUR HELP IN SELECTING A FAIR JURY.

JUROR QUESTIONNAIRE FOR CIVIL CASES

General Questions
PLEASE PRINT ALL ANSWERS LEGIBLY

FULL NAME: _____

1.1 DATE AND PLACE OF BIRTH: _____

1.2 AREA, NEIGHBORHOOD, OR COMMUNITY IN THIS COUNTY WHERE YOU CURRENTLY LIVE (DO NOT GIVE YOUR ADDRESS):

☐ HOUSE ☐ APARTMENT ☐ OWN ☐ RENT

1.3 AREA, NEIGHBORHOOD, OR COMMUNITY WHERE YOU HAVE LIVED IN THE PAST 10 YEARS (AND DATES):

1.4 WHAT IS THE HIGHEST LEVEL OF EDUCATION YOU COMPLETED?

☐ GRADE SCHOOL OR LESS

☐ SOME HIGH SCHOOL

☐ HIGH SCHOOL GRADUATE

☐ OTHER (PLEASE EXPLAIN):

☐ SOME COLLEGE

(MAJOR): _____

☐ COLLEGE GRADUATE

(MAJOR): _____

☐ POSTGRADUATE STUDY

(MAJOR): _____

☐ TECHNICAL, VOCATIONAL, OR BUSINESS SCHOOL

(MAJOR): _____

1.5 IF YOU PLAN TO ATTEND OR ARE CURRENTLY ATTENDING SCHOOL, DESCRIBE:

1.6 IF YOU HAVE TAKEN ANY COURSES OR HAD ANY TRAINING IN MEDICINE OR OTHER HEALTH CARE FIELD, DESCRIBE:

1.7 IF YOU HAVE TAKEN ANY COURSES OR HAD ANY TRAINING IN LAW OR A RELATED SUBJECT, DESCRIBE:

1.8 EDUCATIONAL BACKGROUND OF ANY OTHER ADULT WHO LIVES IN YOUR HOME, INCLUDING ANY DEGREES OR CERTIFICATES EARNED:

1.9 YOUR PRESENT EMPLOYMENT STATUS (*CHECK ALL THAT APPLY*):

☐ EMPLOYED FULL-TIME ☐ RETIRED ☐ UNEMPLOYED, LOOKING FOR WORK
☐ EMPLOYED PART-TIME ☐ STUDENT ☐ UNEMPLOYED, NOT LOOKING FOR WORK
☐ HOMEMAKER

1.10 YOUR CURRENT OR MOST RECENT OCCUPATION:

1.11 NAME OF YOUR CURRENT OR MOST RECENT EMPLOYER OR, IF A STUDENT, YOUR SCHOOL:

1.12 WHAT ARE YOUR SPECIFIC DUTIES AND RESPONSIBILITIES ON THE JOB?

1.13 DOES YOUR JOB INVOLVE SUPERVISING OTHER PEOPLE? ☐ YES ☐ NO

IF YES, APPROXIMATELY HOW MANY? _____

1.14 ARE YOU INVOLVED IN THE HIRING OR FIRING OF OTHER EMPLOYEES? ☐ YES ☐ NO

1.15 ARE YOU INVOLVED IN EVALUATING THE JOB PERFORMANCE OF OTHER EMPLOYEES? ☐ YES ☐ NO

1.16 ALL OTHER EMPLOYMENT YOU HAVE HAD (AND FOR HOW LONG):

1.17 ALL FULL-TIME EMPLOYMENT OF YOUR SPOUSE OR ANY PERSON WITH WHOM YOU HAVE A SIGNIFICANT PERSONAL RELATIONSHIP (AND FOR HOW LONG):

1.18 WHAT ARE/WERE THE OCCUPATIONS OF YOUR PARENTS? (IF RETIRED, WHAT DID THEY DO BEFORE?)

MOTHER: _____

FATHER: _____

1.19 IF YOU HAVE CHILDREN, PLEASE LIST (INCLUDING ANY CHILDREN WHO DO NOT CURRENTLY LIVE WITH YOU):

SEX	AGE	DOES CHILD LIVE WITH YOU?	EDUCATION	OCCUPATION

1.20 IF YOU OR YOUR CURRENT SPOUSE OR PERSON WITH WHOM YOU HAVE A SIGNIFICANT PERSONAL RELATIONSHIP HAS EVER SERVED IN THE MILITARY, PLEASE LIST FOR EACH THE BRANCH OF SERVICE AND DATES OF SERVICE:

1.21 WHAT SOCIAL, CIVIC, PROFESSIONAL, TRADE, OR OTHER ORGANIZATIONS ARE YOU AFFILIATED WITH?

1.22 DESCRIBE ANY OFFICES YOU HAVE HELD IN ORGANIZATIONS LISTED ABOVE:

1.23 DO YOU KNOW ANYONE ON THIS JURY PANEL?

1.24 ON HOW MANY CASES HAVE YOU SERVED ON A JURY? _____

WHERE DID YOU SERVE ON A JURY? _____

WHAT KINDS OF CASES DID YOU HEAR WHILE SERVING ON A JURY?

IN HOW MANY OF THOSE CASES DID THE JURY REACH A VERDICT? _____

IN HOW MANY OF THOSE CASES DID YOU SERVE AS THE JURY FOREPERSON? _____

WAS YOUR JURY SERVICE A POSITIVE OR NEGATIVE EXPERIENCE? _____

1.25 IF YOU HAVE EVER BEEN TO COURT FOR ANY OTHER REASON (EXCLUDING DIVORCE), EXPLAIN:

1.26 IF YOU PERSONALLY KNOW ANY JUDGES OR ATTORNEYS OR COURT PERSONNEL, WHAT ARE THEIR NAMES AND RELATIONSHIP TO YOU?

1.27 DESCRIBE ANY PROBLEMS (VISION, HEARING, OR OTHER MEDICAL PROBLEMS) THAT MAY AFFECT YOUR JURY SERVICE:

1.28 IF YOU OR ANYONE CLOSE TO YOU HAS EVER MADE ANY TYPE OF CLAIM FOR DAMAGES, EXPLAIN:

1.29 IF A CLAIM FOR MONEY DAMAGES HAS EVER BEEN MADE AGAINST YOU OR ANYONE CLOSE TO YOU, EXPLAIN THE CIRCUMSTANCES:

1.30 IF YOU OR ANYONE CLOSE TO YOU HAS EVER SUED OR BEEN SUED IN ANY TYPE OF LAWSUIT, EXPLAIN:

1.31 DO YOU FEEL THAT MONEY DAMAGES AWARDED IN LAWSUITS ARE (CHECK ONE):

<input type="checkbox"/> EXCESSIVE	<input type="checkbox"/> OCCASIONALLY TOO LOW
<input type="checkbox"/> OFTEN TOO LARGE	<input type="checkbox"/> OFTEN TOO LOW
<input type="checkbox"/> ABOUT RIGHT	<input type="checkbox"/> OTHER (SPECIFY): _____

1.32 IF YOU HAVE ANY ETHICAL, RELIGIOUS, POLITICAL, OR OTHER BELIEFS THAT MAY PREVENT YOU FROM SERVING AS A JUROR, EXPLAIN:

1.33 IF THERE IS ANY MATTER NOT COVERED BY THIS QUESTIONNAIRE THAT COULD AFFECT YOUR ABILITY TO BE A FAIR AND IMPARTIAL JUROR, EXPLAIN:

JUROR QUESTIONNAIRE FOR CIVIL CASES

Personal Injury Supplement

FULL NAME: _____

2.1 IF YOU OR ANYONE CLOSE TO YOU HAS EVER BEEN INVOLVED IN AN ACCIDENT IN WHICH SOMEONE WAS INJURED, EXPLAIN:

2.2 PLACE A CHECK MARK ON THE APPROPRIATE LINE(S) IF YOU OR ANYONE CLOSE TO YOU HAS EVER BEEN EMPLOYED IN ANY CAPACITY BY ANY OF THE FOLLOWING TYPES OF BUSINESSES:

YOURSELF OTHER PERSON

<input type="checkbox"/>	<input type="checkbox"/>	ANY COURT IN THE STATE OF CALIFORNIA
<input type="checkbox"/>	<input type="checkbox"/>	ATTORNEY, LAW FIRM, OR LAW OFFICE
<input type="checkbox"/>	<input type="checkbox"/>	CLAIMS ADJUSTMENT, EVALUATION, REVIEW, SETTLEMENT, OR INVESTIGATION
<input type="checkbox"/>	<input type="checkbox"/>	ACCIDENT INVESTIGATION OR LAW ENFORCEMENT
<input type="checkbox"/>	<input type="checkbox"/>	DISABILITY, HEALTH, LIFE, CASUALTY, OR ACCIDENTAL INJURY BENEFITS OR PROGRAMS
<input type="checkbox"/>	<input type="checkbox"/>	ECONOMICS, ACTUARIAL, OR INVESTMENTS
<input type="checkbox"/>	<input type="checkbox"/>	HEALTH CARE DOCTOR, NURSING, HOSPITAL, DENTAL, PHYSICAL THERAPY, PHARMACY, OR ANY RELATED FIELD

2.3 IF YOU CHECKED ANY LINE IN THE PREVIOUS QUESTION (2.2), PLEASE STATE THE RELATIONSHIP OF THAT PERSON TO YOU, THE TYPE AND DETAILS OF THAT EMPLOYMENT, AND THE YEARS OF THAT EMPLOYMENT:

2.4 DO YOU HAVE ANY BELIEFS AGAINST AWARDING DAMAGES FOR PERSONAL INJURY, PAIN, OR SUFFERING?

☐ YES ☐ NO

IF YES, EXPLAIN:

2.5 DO YOU OR ANY MEMBERS OF YOUR IMMEDIATE FAMILY OR HOUSEHOLD SEE A DOCTOR OR OTHER MEDICAL PRACTITIONER REGULARLY FOR ANY CONTINUING MEDICAL PROBLEM?

☐ YES ☐ NO

IF YES, EXPLAIN:

JUROR QUESTIONNAIRE FOR CIVIL CASES

Verification

I, _____, (TYPE OR PRINT NAME) DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING RESPONSES I HAVE GIVEN ON THIS JUROR QUESTIONNAIRE, AND ON ANY ATTACHED SHEETS, ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Date:



(SIGNATURE OF DECLARANT)

JUROR QUESTIONNAIRE FOR CRIMINAL CASES

Form MC-002 (Optional Form)

Code of Civil Procedure Section 205(c)–(d)

Sec. 1. Statutory Authority

This Juror Questionnaire has been drafted under the authority of Code of Civil Procedure section 205(c)–(d) and is intended to expedite jury selection. It is not intended to alter statutes or rules governing the authority of the court or the role of counsel during voir dire.

Sec. 2. Use Notes for Courts

A. General

This Juror Questionnaire is an **optional form** and is **NOT** intended to constitute the complete examination of prospective jurors. **The utility and appropriateness of this questionnaire to a particular case is at the discretion of the judge.** Particular kinds of cases may require that this questionnaire be altered or augmented with the participation of counsel.

B. Pre-Voir Dire Conference

Rule of Court 4.200 requires that the court confer with counsel about voir dire before a jury panel is called. At this conference, the court may establish (1) guidelines for the use of the Juror Questionnaire, (2) any supplemental questions to be propounded to the panel by questionnaire, (3) the extent of the court's oral inquiry of the panel, and (4) the extent of oral questioning by counsel. Arrangements for duplication of completed questionnaires should be confirmed.

C. Introduction of Questionnaire to Prospective Jurors

It is suggested that the Juror Questionnaire be used after the court has given its customary introductory remarks and any additional instructions that the court deems appropriate. The court also may wish to tell the panel members that a questionnaire will be used, to encourage complete answers, and to remind them that their answers will be given under penalty of perjury. In introducing the questionnaire, the court should instruct prospective jurors how to proceed if they have difficulty reading or filling out the form.

It is not recommended that the court direct the jury commissioner to give the Juror Questionnaire to prospective jurors in the jury assembly room. This procedure ordinarily will mean that jurors are not given complete instructions about the type of case they will hear or the identity of participants and witnesses. In addition, jurors who fill out the form before appearing in the trial court may not clearly understand that their answers are given under penalty of perjury. For these reasons, and to avoid the need to have jurors fill out supplemental questionnaires once they have been sent to the trial court, it is strongly recommended that the Juror Questionnaire be used in the trial court setting.

JUROR QUESTIONNAIRE FOR CRIMINAL CASES

Introduction and Instructions

Thank you for coming to court as a potential juror. Before the case can start, a jury must be selected. The judge and the parties need to know information about you and people you know in order to select jurors who can be fair to both sides.

Everyone has attitudes and opinions that are shaped by their life experiences. Sometimes these experiences can make it difficult to look at a certain issue in an unbiased and unemotional way. As a juror, you must return a verdict based on the law and on the facts proved in court. The judge will give you instructions on the law and on how you should go about deciding the case. You must listen to and follow the judge's instructions.

The questions on this form are designed to help the court and the lawyers learn something about your background and your views on issues that may be related to this case. The questions are asked not to invade your privacy, but to make sure that you can be a fair and impartial juror.

In portions of this form, you will see the term "person with whom you share a significant personal relationship." That term means a former spouse, domestic partner, life partner, or anyone with whom you have an influential or intimate relationship that you would characterize as important.

As you answer the questions that follow, please keep in mind that there are no "right" or "wrong" answers. The only right answer is one that reflects how you honestly feel. Please make sure your answers are as complete as possible. Complete answers are far more helpful and may help shorten the time it takes to select a jury. If you have trouble reading, understanding, or filling out this form, please let the court staff know. If a question does not apply to you please write in "N/A" for "not applicable" rather than leave the question blank.

The information you provide will become part of the court record in this case and will be a public document that is accessible to anyone. Some of the questions may require information that is personal and sensitive to you, and you may be reluctant to talk about this information with the other prospective jurors and the public present. If this is so, write "private" next to the question and the court **may** then give you an opportunity to share your information on the record with only the judge, counsel, the defendant, and the court reporter present. The answers you provide will, under most circumstances, be included as part of the public record but you may not have to share the information in open court.

PLEASE PUT THE LAST FOUR DIGITS OF YOUR JUROR IDENTIFICATION NUMBER FOUND ON YOUR JUROR BADGE ON THE TOP OF EACH PAGE.

REMEMBER THAT YOU ARE ANSWERING THESE QUESTIONS UNDER PENALTY OF PERJURY. YOUR ANSWERS MUST BE TRUE AND COMPLETE. THANK YOU FOR YOUR HELP IN SELECTING A FAIR JURY.

Juror ID number _____
Case number _____

JUROR QUESTIONNAIRE FOR CRIMINAL CASES

General Questions

PLEASE PRINT ALL ANSWERS LEGIBLY

1.1 AGE: _____

1.2 THIS (THESE) CRIME(S) ALLEGEDLY TOOK PLACE (*SPECIFY LOCATION OF CRIME(S)*):

DO YOU RESIDE IN THE VICINITY OF THIS LOCATION OR DO YOU FREQUENT THIS
LOCATION?

☐ YES

☐ NO

IF YES, PLEASE EXPLAIN:

1.3 DESCRIBE ANY DIFFICULTIES (VISION, HEARING, OR MEDICAL PROBLEMS) THAT MAY AFFECT YOUR JURY
SERVICE:

1.4 IF YOU HAVE ANY ETHICAL, RELIGIOUS, POLITICAL, OR OTHER BELIEFS THAT MAY PREVENT YOU FROM SERVING
AS A JUROR, EXPLAIN:

Juror ID number _____
Case number _____

1.5 WHAT IS THE HIGHEST LEVEL OF EDUCATION YOU COMPLETED?

- | | |
|---|--|
| <input type="checkbox"/> GRADE SCHOOL OR LESS | <input type="checkbox"/> SOME COLLEGE
(MAJOR): _____ |
| <input type="checkbox"/> SOME HIGH SCHOOL | <input type="checkbox"/> COLLEGE GRADUATE
(MAJOR): _____ |
| <input type="checkbox"/> HIGH SCHOOL GRADUATE | <input type="checkbox"/> POSTGRADUATE STUDY
(MAJOR): _____ |
| <input type="checkbox"/> OTHER (PLEASE EXPLAIN):

_____ | <input type="checkbox"/> TECHNICAL, VOCATIONAL, OR BUSINESS SCHOOL
(MAJOR): _____ |

1.6 IF YOU PLAN TO ATTEND OR ARE CURRENTLY ATTENDING SCHOOL, DESCRIBE:

1.7 IF YOU, YOUR SPOUSE, ANY PERSON WITH WHOM YOU HAVE A SIGNIFICANT PERSONAL RELATIONSHIP, OR A RELATIVE HAVE TAKEN ANY COURSES OR HAD ANY TRAINING IN LAW OR A RELATED SUBJECT, DESCRIBE:

1.8 EDUCATIONAL BACKGROUND OF ANY OTHER ADULT WHO LIVES IN YOUR HOME, INCLUDING ANY DEGREES OR CERTIFICATES EARNED:

1.9 YOUR PRESENT EMPLOYMENT STATUS (CHECK ALL THAT APPLY):

- | | | |
|---|----------------------------------|---|
| <input type="checkbox"/> EMPLOYED FULL-TIME | <input type="checkbox"/> RETIRED | <input type="checkbox"/> UNEMPLOYED, LOOKING FOR WORK |
| <input type="checkbox"/> EMPLOYED PART-TIME | <input type="checkbox"/> STUDENT | <input type="checkbox"/> UNEMPLOYED, NOT LOOKING FOR WORK |
| <input type="checkbox"/> HOMEMAKER | | |

1.10 YOUR CURRENT OR MOST RECENT OCCUPATION (AND FOR HOW LONG):

Juror ID number _____
Case number _____

1.11 NAME OF YOUR CURRENT OR MOST RECENT EMPLOYER OR, IF A STUDENT, YOUR SCHOOL:

1.12 WHAT ARE YOUR SPECIFIC JOB DUTIES AND RESPONSIBILITIES?

1.13 DOES YOUR JOB INVOLVE SUPERVISING OTHER PEOPLE?

☐ YES ☐ NO

IF YES, APPROXIMATELY HOW MANY? _____

1.14 ARE YOU INVOLVED IN THE HIRING OR FIRING OF OTHER EMPLOYEES?

☐ YES ☐ NO

1.15 ARE YOU INVOLVED IN EVALUATING THE JOB PERFORMANCE OF OTHER EMPLOYEES?

☐ YES ☐ NO

1.16 ALL OTHER EMPLOYMENT YOU HAVE HAD IN THE PAST 10 YEARS (AND FOR HOW LONG):

1.17 THE PRESENT EMPLOYMENT STATUS OF YOUR SPOUSE OR ANY PERSON WITH WHOM YOU HAVE A SIGNIFICANT PERSONAL RELATIONSHIP (CHECK ALL THAT APPLY):

<input type="checkbox"/> EMPLOYED FULL-TIME	<input type="checkbox"/> RETIRED	<input type="checkbox"/> UNEMPLOYED, LOOKING FOR WORK
<input type="checkbox"/> EMPLOYED PART-TIME	<input type="checkbox"/> STUDENT	<input type="checkbox"/> UNEMPLOYED, NOT LOOKING FOR WORK
<input type="checkbox"/> HOMEMAKER		

1.18 THE CURRENT OR MOST RECENT OCCUPATION OF YOUR SPOUSE OR ANY PERSON WITH WHOM YOU HAVE A SIGNIFICANT PERSONAL RELATIONSHIP (AND FOR HOW LONG):

1.19 THE NAME OF THE CURRENT OR MOST RECENT EMPLOYER OF YOUR SPOUSE OR ANY OTHER PERSON WITH WHOM YOU HAVE A SIGNIFICANT PERSONAL RELATIONSHIP OR, IF A STUDENT, HIS OR HER SCHOOL:

Juror ID number _____
Case number _____

1.20 WHAT ARE THE SPECIFIC JOB DUTIES AND RESPONSIBILITIES OF YOUR SPOUSE OR ANY PERSON WITH WHOM YOU HAVE A SIGNIFICANT PERSONAL RELATIONSHIP?

1.21 IF YOU, YOUR SPOUSE, A PERSON WITH WHOM YOU HAVE A SIGNIFICANT PERSONAL RELATIONSHIP, OR A RELATIVE ARE CURRENTLY WORKING OR HAVE EVER WORKED IN LAW ENFORCEMENT, PLEASE LIST THE AGENCY, POSITION, AND THE PERSON'S RELATIONSHIP TO YOU:

1.22 IF YOU HAVE CHILDREN, PLEASE LIST (INCLUDING ANY CHILDREN WHO DO NOT CURRENTLY LIVE WITH YOU):

SEX	AGE	DOES CHILD LIVE WITH YOU?	EDUCATION	OCCUPATION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1.23 IF YOU, YOUR SPOUSE, OR A PERSON WITH WHOM YOU HAVE A SIGNIFICANT PERSONAL RELATIONSHIP HAS EVER SERVED IN THE MILITARY, PLEASE LIST FOR EACH THE BRANCH OF SERVICE AND DATES OF SERVICE:

1.24 IF YOU, YOUR SPOUSE, OR A PERSON WITH WHOM YOU HAVE A SIGNIFICANT PERSONAL RELATIONSHIP EVER HAD INVOLVEMENT WITH THE MILITARY POLICE OR THE MILITARY JUSTICE SYSTEM, PLEASE DESCRIBE:

1.25 SOCIAL, CIVIC, PROFESSIONAL, TRADE, OR OTHER ORGANIZATIONS WITH WHICH YOU ARE AFFILIATED:

Juror ID number _____
Case number _____

1.26 DESCRIBE ANY OFFICES YOU HAVE HELD IN ORGANIZATIONS LISTED ABOVE:

1.27 DO YOU KNOW ANYONE ON THIS JURY PANEL?

☐ YES ☐ NO

1.28 IF YOU PERSONALLY KNOW ANY JUDGES OR ATTORNEYS OR COURT PERSONNEL, WHAT ARE THEIR NAMES AND RELATIONSHIPS TO YOU?

1.29 HAVE YOU PREVIOUSLY SERVED ON A CRIMINAL OR CIVIL TRIAL JURY?

☐ YES ☐ NO

ON HOW MANY CASES DID YOU SERVE? _____

APPROXIMATE YEAR(S)? _____

WHERE DID YOU SERVE ON A JURY? _____

WERE YOU A JUROR OR AN ALTERNATE? _____

WHAT KINDS OF CASES DID YOU HEAR WHILE SERVING ON A JURY? _____

WAS THERE ANYTHING ABOUT YOUR JURY SERVICE THAT WOULD MAKE YOU QUESTION YOUR ABILITY TO BE FAIR AND IMPARTIAL IN THIS CASE? IF SO, PLEASE EXPLAIN:

1.30 HAVE YOU EVER SERVED ON A GRAND JURY PANEL?

☐ YES ☐ NO

CRIMINAL OR CIVIL GRAND JURY? _____

APPROXIMATE YEAR(S)? _____

WHERE DID YOU SERVE ON A GRAND JURY? _____

HOW LONG DID YOU SERVE ON A GRAND JURY? _____

WHAT KIND OF MATTER DID YOU HEAR WHILE SERVING ON A GRAND JURY? _____

WAS THERE ANYTHING ABOUT YOUR JURY SERVICE THAT WOULD MAKE YOU QUESTION YOUR ABILITY TO BE FAIR AND IMPARTIAL IN THIS CASE? IF SO, PLEASE EXPLAIN:

Juror ID number _____
Case number _____

1.31 HAVE YOU, YOUR SPOUSE, ANY PERSON WITH WHOM YOU HAVE A SIGNIFICANT PERSONAL RELATIONSHIP, OR A RELATIVE EVER BEEN A VICTIM OF A CRIME?

☐ YES ☐ NO

IF YES, WHO? _____

WHAT CRIME(S)? _____

WHEN? _____

WHAT HAPPENED? _____

WAS ANYONE ARRESTED? ☐ YES ☐ NO

WAS THERE A TRIAL? ☐ YES ☐ NO

IF YES, DID YOU ATTEND THE TRIAL? ☐ YES ☐ NO

DID THE PERSON WHO IS THE SUBJECT OF THIS QUESTION TESTIFY? ☐ YES ☐ NO

DID THE POLICE INTERVIEW THE PERSON WHO IS THE SUBJECT OF THIS QUESTION? ☐ YES ☐ NO

DID ANYONE WORKING FOR THE DEFENDANT INTERVIEW THE PERSON WHO IS THE SUBJECT OF THIS QUESTION? ☐ YES ☐ NO

AS A RESULT OF THAT EXPERIENCE IS THERE ANYTHING THAT WOULD MAKE YOU QUESTION YOUR ABILITY TO BE FAIR AND IMPARTIAL IN THIS CASE? IF SO, PLEASE EXPLAIN:

1.32 HAVE YOU, YOUR SPOUSE, ANY PERSON WITH WHOM YOU HAVE A SIGNIFICANT PERSONAL RELATIONSHIP, OR A RELATIVE EVER BEEN A WITNESS TO A CRIME?

☐ YES ☐ NO

IF YES, WHO? _____

WHAT CRIME(S)? _____

WHEN? _____

WHAT HAPPENED? _____

WAS ANYONE ARRESTED? ☐ YES ☐ NO

WAS THERE A TRIAL? ☐ YES ☐ NO

IF YES, DID YOU ATTEND THE TRIAL? ☐ YES ☐ NO

DID THE PERSON WHO IS THE SUBJECT OF THIS QUESTION TESTIFY? ☐ YES ☐ NO

Juror ID number _____
Case number _____

DID THE POLICE INTERVIEW THE PERSON WHO IS THE SUBJECT OF THIS QUESTION? ☐ YES ☐ NO

DID ANYONE WORKING FOR THE DEFENDANT INTERVIEW THE PERSON WHO IS THE SUBJECT OF THIS QUESTION? ☐ YES ☐ NO

AS A RESULT OF THAT EXPERIENCE IS THERE ANYTHING THAT WOULD MAKE YOU QUESTION YOUR ABILITY TO BE FAIR AND IMPARTIAL IN THIS CASE? IF SO, PLEASE EXPLAIN:

1.33 HAVE YOU, YOUR SPOUSE, ANY PERSON WITH WHOM YOU HAVE A SIGNIFICANT PERSONAL RELATIONSHIP, OR A RELATIVE EVER HAD ANY CONTACT WITH LAW ENFORCEMENT, INCLUDING, BUT NOT LIMITED TO, BEING: (A) STOPPED BY THE POLICE? (B) ACCUSED OF MISCONDUCT, WHETHER OR NOT IT WAS A CRIME? (C) INVESTIGATED AS A SUSPECT IN A CRIMINAL CASE? (D) CHARGED WITH A CRIME? (E) A CRIMINAL DEFENDANT?

☐ YES ☐ NO

IF YES, WHO? _____

WHAT CRIME(S)? _____

WHEN? _____

WHAT HAPPENED? _____

WAS ANYONE ARRESTED? ☐ YES ☐ NO

WAS THERE A TRIAL? ☐ YES ☐ NO

IF YES, DID YOU ATTEND THE TRIAL? ☐ YES ☐ NO

DID THE PERSON WHO IS THE SUBJECT OF THIS QUESTION TESTIFY? ☐ YES ☐ NO

DID THE POLICE INTERVIEW THE PERSON WHO IS THE SUBJECT OF THIS QUESTION? ☐ YES ☐ NO

DID ANYONE WORKING FOR THE DEFENDANT INTERVIEW THE PERSON WHO IS THE SUBJECT OF THIS QUESTION? ☐ YES ☐ NO

AS A RESULT OF THAT EXPERIENCE IS THERE ANYTHING THAT WOULD MAKE YOU QUESTION YOUR ABILITY TO BE FAIR AND IMPARTIAL IN THIS CASE? IF SO, PLEASE EXPLAIN:

Juror ID number _____
Case number _____

1.34 HAVE YOU EVER BEEN TO COURT FOR ANY OTHER REASON? EXPLAIN:

1.35 THE FOLLOWING IS A PRINCIPLE OF LAW THAT APPLIES TO ALL CRIMINAL CASES:

A defendant in a criminal action is presumed to be innocent. This presumption requires that the People prove each element of a crime [and special allegation] beyond a reasonable doubt. Whenever the judge tells you the People must prove something, the judge means they must prove it beyond a reasonable doubt [unless the judge specifically tells you otherwise].

Proof beyond a reasonable doubt is proof that leaves you with an abiding conviction that the charge is true. The evidence need not eliminate all possible doubt because everything in life is open to some possible or imaginary doubt.

In deciding whether the People have proved their case beyond a reasonable doubt, you must impartially compare and consider all the evidence that was received throughout the entire trial. Unless the evidence proves the defendant[s] guilty beyond a reasonable doubt, (he/she/they) (is/are) entitled to an acquittal and you must find (him/her/they) not guilty. (CALCRIM No. 130)

DO YOU UNDERSTAND THIS PRINCIPLE OF LAW?

☐ YES ☐ NO

DO YOU AGREE WITH THIS PRINCIPLE OF LAW?

☐ YES ☐ NO

WILL YOU FOLLOW THIS PRINCIPLE OF LAW?

☐ YES ☐ NO

IF YOU ANSWERED NO TO ANY QUESTION, PLEASE EXPLAIN:

1.36 IN GENERAL, WHAT ARE YOUR OPINIONS, IF ANY, ABOUT LAW ENFORCEMENT OFFICERS?

1.37 HAVE YOU, YOUR SPOUSE, ANY PERSON WITH WHOM YOU HAVE A SIGNIFICANT PERSONAL RELATIONSHIP, OR A RELATIVE EVER HAD A PARTICULARLY PLEASANT OR UNPLEASANT EXPERIENCE WITH LAW ENFORCEMENT OR THE DISTRICT ATTORNEY'S OFFICE?

☐ YES ☐ NO

IF YES, PLEASE EXPLAIN:

1.38 WOULD THE FACT THAT A WITNESS IS A MEMBER OF LAW ENFORCEMENT CAUSE YOU TO AUTOMATICALLY BELIEVE OR DISBELIEVE HIS OR HER TESTIMONY?

☐ YES ☐ NO

IF YES, PLEASE EXPLAIN:

Juror ID number _____
Case number _____

JUROR QUESTIONNAIRE FOR CRIMINAL CASES

Capital Case Supplement

By asking the following questions regarding your feelings or opinions about capital punishment, the court is not suggesting in any way that you will ever need to decide this question. The court does not know in advance what the evidence in this case will be or whether you will find a defendant guilty or not guilty of any charge at all. The court is asking the following questions because *if* a defendant is found guilty of murder in the first degree as well as what we call "special circumstances" that have been charged, the possible sentences to be decided in a separate penalty trial are the sentence of death or the sentence of life imprisonment without the possibility of parole. A defendant may also be acquitted or found guilty of lesser charges, which means there never will be a penalty trial. Since we do not know in advance what your decisions may be, the court must know whether you could be fair to all sides on the issue of punishment if and only if a penalty trial is necessary.

To clarify, you will only make a sentence decision between life without the possibility of parole and death in a separate penalty trial if you find a defendant guilty of murder in the first degree beyond a reasonable doubt and you find a "special circumstance" (to be defined for you later) true.

If the penalty trial is necessary you will first hear evidence and arguments from counsel. The law also provides very specific guidelines as to what a jury can consider in deciding the sentence in this separate penalty trial. These guidelines are called "aggravating factors" and "mitigating factors" and are explained in *Judicial Council of California Criminal Jury Instructions* number 763:*

In reaching your decision, you must consider and weigh the aggravating and mitigating circumstances or factors shown by the evidence.

An aggravating circumstance or factor is any fact, condition, or event relating to the commission of a crime, above and beyond the elements of the crime itself, that increases the wrongfulness of the defendant's conduct, the enormity of the offense, or the harmful impact of the crime. An aggravating circumstance may support a decision to impose the death penalty.

A mitigating circumstance or factor is any fact, condition, or event that makes the death penalty less appropriate as a punishment, even though it does not legally justify or excuse the crime. A mitigating circumstance is something that reduces the defendant's blameworthiness or otherwise supports a less severe punishment. A mitigating circumstance may support a decision not to impose the death penalty.

* Note to users: *California Jury Instructions, Criminal (CALJIC)* and *Judicial Council of California Criminal Jury Instructions (CALCRIM)* are not intended to be used together. While the legal principles are obviously the same, the organization of concepts is approached differently. Trying to mix the two sets of instructions into a unified whole may result in omissions or confusion that could compromise clarity and accuracy.

Juror ID number _____
Case number _____

2.1 WHICH DO YOU THINK IS THE MORE SEVERE PUNISHMENT?

☐ THE DEATH PENALTY OR ☐ LIFE IN PRISON WITHOUT PAROLE

WHY?

2.2 WHICH WOULD YOU SAY ACCURATELY STATES YOUR GENERAL BELIEF REGARDING THE DEATH PENALTY?

☐ STRONGLY IN FAVOR ☐ STRONGLY OPPOSED ☐ NEUTRAL
☐ MODERATELY IN FAVOR ☐ MODERATELY OPPOSED

PLEASE EXPLAIN IN MORE DETAIL YOUR BELIEFS ABOUT THE SENTENCE OF DEATH:

2.3 WHICH WOULD YOU SAY ACCURATELY STATES YOUR GENERAL BELIEF REGARDING LIFE WITHOUT THE POSSIBILITY OF PAROLE?

☐ STRONGLY IN FAVOR ☐ STRONGLY OPPOSED ☐ NEUTRAL
☐ MODERATELY IN FAVOR ☐ MODERATELY OPPOSED

PLEASE EXPLAIN IN MORE DETAIL YOUR BELIEFS ABOUT THE SENTENCE OF LIFE IN PRISON WITHOUT THE POSSIBILITY OF PAROLE:

2.4 WHAT PURPOSES, IF ANY, DO YOU BELIEVE THAT LIFE IMPRISONMENT WITHOUT THE POSSIBILITY OF PAROLE SERVES?

Juror ID number _____
Case number _____

2.5 WHAT PURPOSES, IF ANY, DO YOU BELIEVE THE DEATH PENALTY SERVES?

2.6 DO YOU BELIEVE THE DEATH PENALTY IS IMPOSED:

☐ TOO OFTEN ☐ ENOUGH ☐ DO NOT KNOW
☐ NOT ENOUGH ☐ RANDOMLY

2.7 HAVE YOUR VIEWS ABOUT THE DEATH PENALTY CHANGED SUBSTANTIALLY IN EITHER INTENSITY OR NATURE IN THE LAST FEW YEARS?

☐ YES ☐ NO

IF YES, HOW HAVE YOUR VIEWS ABOUT THE DEATH PENALTY CHANGED?

2.8 CAN YOU SET ASIDE ANY OPINIONS YOU MAY HAVE ABOUT THE DEATH PENALTY, AND MAKE A DECISION IN THIS CASE BASED ON THE EVIDENCE AND THE LAW AS IT IS GIVEN BY THE JUDGE?

☐ YES ☐ NO

IF NO, WHY NOT?

2.9 DO YOU HAVE ANY RELIGIOUS OR PERSONAL BELIEFS THAT MAY INFLUENCE YOU IN YOUR DETERMINATION OF WHETHER TO VOTE TO IMPOSE EITHER THE PENALTY OF DEATH OR LIFE IN PRISON WITHOUT THE POSSIBILITY OF PAROLE?

☐ YES ☐ NO

IF YES, PLEASE EXPLAIN:

Juror ID number _____

Case number _____

2.10 ARE YOU A MEMBER OF, OR HAVE YOU CONTRIBUTED TO OR OTHERWISE SUPPORTED A CHURCH, RELIGIOUS ORGANIZATION, POLITICAL OR SOCIAL ADVOCACY GROUP, OR ANY OTHER ORGANIZATION THAT TAKES A POSITION FOR OR AGAINST THE IMPOSITION OF THE PENALTY OF DEATH?

☐ YES

☐ NO

a. IF YES, WHAT GROUP(S)?

b. WHAT IS THE GROUP'S POSITION?

c. DO YOU FEEL OBLIGATED TO ACCEPT THIS POSITION?

☐ YES

☐ NO

IF YES, PLEASE EXPLAIN WHY:

2.11 EVEN IF YOU BELIEVED THE PROSECUTOR HAD PROVED GUILT BEYOND A REASONABLE DOUBT, WOULD YOU, BECAUSE OF ANY VIEWS YOU MAY HAVE REGARDING THE DEATH PENALTY, REFUSE TO FIND THE DEFENDANT(S) GUILTY OR FIND A SPECIAL CIRCUMSTANCE TO BE TRUE IN ORDER TO AVOID HAVING TO DECIDE WHETHER TO IMPOSE THE DEATH PENALTY?

☐ YES

☐ NO

2.12 IF YOU FIND THE DEFENDANT(S) GUILTY OF THE CRIME, WOULD YOU AUTOMATICALLY IN ALL CASES VOTE FOR A SENTENCE OF LIFE WITHOUT THE POSSIBILITY OF PAROLE REGARDLESS OF THE EVIDENCE CONCERNING AGGRAVATING AND MITIGATING FACTORS?

☐ YES

☐ NO

2.13 IF YOU FIND THE DEFENDANT(S) GUILTY OF THE CRIME, WOULD YOU AUTOMATICALLY IN ALL CASES VOTE FOR A SENTENCE OF DEATH REGARDLESS OF THE EVIDENCE CONCERNING AGGRAVATING AND MITIGATING FACTORS?

☐ YES

☐ NO

Juror ID number _____
Case number _____

JUROR QUESTIONNAIRE FOR CRIMINAL CASES

Verification

I, _____, DECLARE UNDER PENALTY OF PERJURY UNDER THE
(TYPE OR PRINT NAME)
LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING RESPONSES I HAVE GIVEN ON THIS JUROR
QUESTIONNAIRE, AND ON ANY ATTACHED SHEETS, ARE TRUE AND CORRECT TO THE BEST OF MY
KNOWLEDGE AND BELIEF.

Date:

PLACE: _____



(SIGNATURE)

JUROR QUESTIONNAIRE

PLEASE PRINT ALL ANSWERS LEGIBLY

To facilitate the jury selection process, provide the requested information under penalty of perjury. The completed questionnaire will be reviewed by all parties. The questionnaire is a public record and may be open to public inspection. If you believe that any question requires an answer that is too sensitive (personal or private) to be included in the public record, you have the right to request a private hearing, rather than writing the answer on the form. If you prefer to discuss this outside of the presence of other jurors, circle the question and write "P" (for "private") in the space for the answer.

General Information

1. **FULL NAME:** _____
2. Age: _____
3. Area, neighborhood, or community in this county where you generally live *(do not give your street address)*:

- ☐ HOUSE
 ☐ APARTMENT
 ☐ OWN
 ☐ RENT
4. Do you have children? ☐ YES ☐ NO
If yes, how many? _____ Ages: _____

Employment

5. Are you employed? ☐ YES ☐ NO
If yes, occupation: _____ Current employer: _____

Relationship Information

6. Are there other adults in your household? ☐ YES ☐ NO
If yes, their occupations: _____

Education

7. High school graduate: ☐ YES ☐ NO
College graduate: ☐ YES ☐ NO
Postgraduate degree: ☐ YES ☐ NO
8. If college or postgraduate degrees, degrees obtained: _____

Prior Jury Service

9. Have you served on a jury before? ☐ YES ☐ NO
If yes: ☐ Civil ☐ Criminal

Other Experience

10. Have you, a relative, or a close friend ever sued anyone or been sued? ☐ YES ☐ NO
If yes, describe: _____

11. Do you or does anyone close to you have training or expertise in any of the following areas *(check all that apply)*:

- ☐ Evaluating claims for loss or damage
 ☐ Law enforcement
☐ Law
 ☐ Accident reconstruction or biomechanics
☐ Medicine
 ☐ Specialized training in _____

12. Is there any matter not covered by this questionnaire that could affect your ability to understand the proceedings or to be a fair and impartial juror? ☐ YES ☐ NO
If yes, describe: _____

I declare under penalty of perjury under the laws of the State of California that the responses I have given on this questionnaire and on any attached sheets are true and correct to the best of my knowledge and belief.

Date: _____



(SIGNATURE OF JUROR)

ATTORNEY OR PARTY WITHOUT 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
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
Plaintiff: _____ Defendant: _____	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">JUROR'S MOTION TO SET ASIDE SANCTIONS AND ORDER</div> <div style="width: 35%;">CASE NUMBER: _____</div> </div>	
<p>Notice: If you wish to contest sanctions imposed against you under Code of Civil Procedure section 209, a motion to set aside sanctions must be filed no later than 60 days after sanctions have been imposed. Provide a separate explanation for each time you were unable to appear for jury duty, unless the reason you were unable to appear for jury duty was the same each time. If the reason was the same each time, state that it was the same. If a court grants the motion and sets aside sanctions, it does not relieve you of the obligation of jury service. Do not use this form if you have been found in contempt of court for failure to appear when summoned for jury duty.</p>	

1. a. Prospective juror (name): _____
 b. Prospective juror's identification number (specify): _____
2. Dates prospective juror was summoned to appear (specify): _____
 Date of order-to-show-cause hearing (specify): _____
3. Prospective juror was unable to attend when summoned for jury duty for the following reasons (specify): _____

☐ Continued on Attachment 3.

4. ☐ Attachment 4 contains copies of the following documents in support of motion (list): _____

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 PROSPECTIVE JUROR)

ORDER ON MOTION TO SET ASIDE SANCTIONS

The motion to set aside sanctions is ☐ denied ☐ granted ☐ set for hearing on (date): _____

(JUDICIAL OFFICER)

☐ Signature follows last attachment.

ATTORNEY OR PARTY WITHOUT 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
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER: _____ RESPONDENT: _____	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> PETITION TO DETERMINE IF DOG IS <input type="checkbox"/> Potentially Dangerous <input type="checkbox"/> Vicious </div> <div style="width: 35%;"> CASE NUMBER: _____ </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 1. Petitioner (name): _____ <i>(representative capacity, if any):</i> _____ requests a hearing under Food and Agricultural Code section 31601 et seq. to declare a dog to be potentially dangerous or vicious. </div> <div style="width: 35%; text-align: center; padding-top: 10px;"> PETITION REFERRED TO ADMINISTRATIVE AGENCY FOR HEARING DATE _____ DEPUTY CLERK _____ </div> </div>	

2. Respondent (name): _____
 (address): _____

is the owner or keeper of the following dog *(briefly describe dog and give license number, if available)*:

3. An animal control officer or a law enforcement officer has investigated and determined that probable cause exists to believe that the dog is potentially dangerous or vicious.
4. ☐ **Potentially dangerous dog** Petitioner requests that the dog be declared to be "potentially dangerous" for the following reasons:
- a. ☐ The dog, unprovoked, has on two separate occasions within the prior 36-month period engaged in behavior that required a defensive action by a person to prevent bodily injury when the person and the dog were off the property of the owner or keeper of the dog.
 - b. ☐ The dog, unprovoked, bit a person causing a less severe injury than described in item 5b.
 - c. ☐ The dog, unprovoked, on two separate occasions within the prior 36-month period, killed, seriously bit, inflicted injury, or otherwise caused injury attacking a domestic animal off the property of the owner or keeper of the dog.
5. ☐ **Vicious dog** Petitioner requests that the dog be declared to be "vicious" for the following reasons:
- a. ☐ The dog, unprovoked, in an aggressive manner, inflicted severe injury or killed a human being.
 - b. ☐ The dog was previously determined to be and is currently designated as a potentially dangerous dog. After its owner or keeper was notified of this determination, the dog continued the behavior described in Food and Agricultural Code section 31602 or the owner or keeper maintained the dog in violation of Food and Agricultural Code sections 31641, 31642, or 31643.

(Continued on reverse)

Page 1 of 2

PETITIONER: RESPONDENT:	CASE NUMBER:
----------------------------	--------------

6. **This petition is supported** by the following (*attach a copy of each document checked*):

- a. ☐ Declaration of (*name*): ☐ animal control officer ☐ law enforcement officer.
The declaration was made after an investigation and determination that probable cause exists to believe that the dog is potentially dangerous or vicious.
- b. ☐ A written and verified complaint signed by a member of the public (*name*):
- c. ☐ An incident report prepared by (*name*):
- d. ☐ Affidavit of a witness to the incident (*name*):
- e. ☐ Other (*specify*):

7. Number of pages attached (*specify*):

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

☐ This declaration is made on **information and belief**.

Date:

_____		_____
(TYPE OR PRINT NAME)		(SIGNATURE OF PETITIONER)

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and Address)</i> : ATTORNEY FOR <i>(Name)</i> :	TELEPHONE NO.:	FOR COURT OR AGENCY USE ONLY
COURT OR AGENCY: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER: RESPONDENT:		
NOTICE OF HEARING On Petition To Determine If Dog Is <input type="checkbox"/> Potentially Dangerous <input type="checkbox"/> Vicious		
		CASE NUMBER:

1. NOTICE is given that petitioner *(name)*:

(representative capacity, if any):

has filed a **Petition to Determine If Dog Is Potentially Dangerous or Vicious**. Copies of the petition and supporting documents are attached to this notice.

2. A HEARING on the matter will be held as follows:

Date:	Time:	Dept.:	Room:
Address of court or agency <input type="checkbox"/> shown above <input type="checkbox"/> is:			

3. At the hearing, you may present evidence as to why the dog should not be declared potentially dangerous or vicious. **Failure to appear at the hearing may result in an order terminating or restricting your possession of the dog.**

DO NOT BRING THE DOG TO THE HEARING

Date: ☐ Clerk, by _____, Deputy

.....
(TYPE OR PRINT NAME)

☐ Agency _____
(SIGNATURE)

(TITLE)

(TELEPHONE NUMBER)

(Proof of Service on reverse)

PETITIONER:	CASE NUMBER:
RESPONDENT:	

PROOF OF SERVICE

Petition to Determine If Dog Is Potentially Dangerous or Vicious

☐ Personal Service ☐ Certified Mail

Service of the notice on the other party may be made by one of the following ways:

(1) Personally delivering these papers to the other party.

OR

(2) Mailing the papers by certified mail return receipt requested, postage prepaid, mailed to the last known address of the other party.

1. At the time of service I was at least 18 years of age and **not a party to this legal proceeding.**

2. I served copies of the following papers in the manner shown below:
 - a. Papers served: **Petition to Determine If Dog is Potentially Dangerous or Vicious** with supporting documents and **Notice of Hearing.**
 - b. Manner of service (*check and complete either (1) or (2) below*)
 - (1) ☐ **Personal service** I personally delivered these papers to the owner or keeper of the dog as follows:
 - (a) Name:
 - (b) Address where served:
 - (c) Date served:
 - (d) Time served:

 - (2) ☐ **Certified mail return receipt requested** I deposited these papers in the United States mail, in a sealed envelope with postage fully prepaid. I used certified mail and requested a return receipt. The envelope was addressed and mailed to the owner or keeper of the dog as follows:
 - (a) Name:
 - (b) Address:
 - (c) Date of mailing:
 - (d) Place of mailing (*city, state*):
 - (e) I am a resident of or employed in the county where the notice was mailed.

3. My residence or business address is (*specify*):

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 OF PERSON WHO SERVED THE NOTICE)



(SIGNATURE OF PERSON WHO SERVED THE NOTICE)

4. Telephone number of person who served the notice:

1. a. Date: Dept.: Room:
b. Judge (name): Hearing officer (name):
c. Petitioner present Attorney present (name):
d. Respondent present Attorney present (name):

2. Respondent presented evidence as to why the dog should not be declared potentially dangerous or vicious.

3. The **dog** is described as follows (*briefly describe dog and give license number, if available*):

4. a. The **owner** of the dog is (name):
b. The **keeper** of the dog is (name):

a. ☐ is ☐ is not potentially dangerous.
b. ☐ is ☐ is not vicious.

- (1) ☐ The dog shall be properly licensed and vaccinated, and the licensing authority shall include the "potentially dangerous" designation in the dog's registration records.
- (2) ☐ The dog, while on the owner's or keeper's property, shall at all times be kept indoors or in a securely fenced yard from which the dog cannot escape, and into which children cannot trespass. The dog may be off the owner's or keeper's property only if it is restrained by a substantial leash, of appropriate length, and only if it is under the control of a responsible adult.
- (3) ☐ If the dog dies, or is sold, transferred, or permanently removed from the city or county where the owner or keeper resides, the owner shall notify the animal control department of the changed condition and new location of the dog within two working days.
- (4) ☐ Other (specify):

(1) ☐ Releasing the dog would create a significant threat to the public health, safety, and welfare (*check one*):

(i) ☐ The dog shall be destroyed by the animal control officer.

(ii) ☐ The following conditions are imposed on the ownership of the dog to protect the public health, safety, and welfare (*specify*):

Form Approved for Optional Use
Judicial Council of California
MD-130 [Rev. September 1, 2018]

ORDER AFTER HEARING (Menacing Dog)

Food & Agricultural Code, § 31601 et seq.

PETITIONER:	CASE NUMBER:
RESPONDENT:	

6. b. (continued)

(2) ☐ (i) Continued ownership or possession of ANY DOG by the dog's owner or keeper would create a significant threat to the public health, safety, and welfare.

(ii) The ☐ owner ☐ keeper named in item 4 is prohibited from owning, controlling, or having custody of any dog for a period of *(specify)*:
from the date this order becomes final.

(3) ☐ The following conditions are imposed on the ownership of the dog *(specify)*:

(4) ☐ Other *(specify)*:

7. **Time to comply** *(Name)*:

must comply with this order in accordance with the time schedule, if any, established by the animal control department or local law enforcement agency, BUT NOT more than 30 days from the date of this order (35 days if this order is mailed to you).

8. **Appeal** If you disagree with this determination, you may, within five days after you receive this order, appeal the decision to the ☐ municipal ☐ justice ☐ superior court at *(address)*:

Date:



(SIGNATURE OF JUDGE OR HEARING OFFICER)

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a copy of the **Order After Hearing** (Menacing Dog) was mailed first class, postage fully prepaid, in a sealed envelope to each person whose name and address is shown below, and that the order was mailed

at *(place)*: _____, California,

on *(date)*:

Clerk, by _____, Deputy

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. I am the petitioner respondent in this action.
2. I appeal from the order entered by *(court or agency name)*:
on *(date)*:
3. I received a copy of the order on *(date)*:

Date:

(TYPE OR PRINT NAME)

▶

(SIGNATURE)

(Proof of Service on reverse)

PETITIONER:	CASE NUMBER:
RESPONDENT:	

PROOF OF SERVICE

Notice of Appeal — Menacing Dog

☐ Personal Service ☐ First-Class Mail

Service of the notice of appeal on the other party may be made by one of the following ways:

(1) Personally delivering these papers to the other party.

OR

(2) Mailing the papers by first-class mail, postage prepaid, mailed to the last known address of the other party.

Anyone at least 18 years of age EXCEPT ANY PARTY may personally serve or mail the notice. Be sure whoever served the notice fills out and signs this proof of service. File this proof of service with the court as soon as the notice is served.

1. At the time of service I was at least 18 years of age and **not a party to this legal proceeding**.

2. I served copies of the following papers in the manner shown:

a. Papers served: **Notice of Appeal (Menacing Dog)**

b. Manner of service (*check and complete either (1) or (2) below*)

(1) ☐ **Personal service** I personally delivered these papers to the other party as follows:

(a) Name:

(b) Address where served:

(c) Date served:

(d) Time served:

(2) ☐ **First-class mail** I deposited these papers in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed and mailed to the owner or keeper of the dog as follows:

(a) Name:

(b) Address:

(c) Date of mailing:

(d) Place of mailing (*city, state*):

(e) I am a resident of or employed in the county where the notice was mailed.

3. My residence or business address is (*specify*):

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 OF PERSON WHO SERVED THE NOTICE)

(SIGNATURE OF PERSON WHO SERVED THE NOTICE)

4. Telephone number of person who served the notice:

1. Name and address of each plaintiff or cross-complainant or other party subject to this prefiling order:

2. This prefiling order is entered pursuant to a motion made by the court party (*name*):

3. The person or persons identified in item 1, unless represented by an attorney, are prohibited from filing any new litigation in the courts of California without approval of the presiding justice or presiding judge of the court in which the action is to be filed.

4. The clerk is ordered to provide a copy of this order to the Judicial Council of California by fax at 415-865-4329 or by mail at the address below.

Vexatious Litigant Prefiling Orders
Judicial Council of California
455 Golden Gate Avenue
San Francisco, California 94102-3688

Date: _____

JUDICIAL OFFICER

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO.:</div> </div> <div>E-MAIL ADDRESS:</div> <div>ATTORNEY FOR <i>(Name)</i>:</div>	FOR COURT USE ONLY
<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> COURT OF APPEAL,</div> <div>APPELLATE DISTRICT, DIVISION</div> </div> <div><input type="checkbox"/> SUPERIOR COURT OF CALIFORNIA, COUNTY OF</div> <div>STREET ADDRESS:</div> <div>MAILING ADDRESS:</div> <div>CITY AND ZIP CODE:</div> <div>BRANCH NAME:</div>	<div>CASE NUMBER:</div>
PLAINTIFF/ PETITIONER: DEFENDANT/ RESPONDENT: OTHER:	
REQUEST TO FILE NEW LITIGATION BY VEXATIOUS LITIGANT	
Type of case: <input type="checkbox"/> Limited Civil <input type="checkbox"/> Unlimited Civil <input type="checkbox"/> Small Claims <input type="checkbox"/> Family Law <input type="checkbox"/> Probate <input type="checkbox"/> Other	

1. I have been determined to be a vexatious litigant and must obtain prior court approval to file any new litigation in which I am not represented by an attorney. Filing new litigation means (1) commencing any civil action or proceeding, or (2) filing any petition, application, or motion (except a discovery motion) under the Family or Probate Code.

2. I have attached to this request a copy of the document to be filed and I request approval from the presiding justice or presiding judge of the above court to file this document *(name of document)*:

3. The new filing has merit because *(Provide a brief summary of the facts on which your claim is based; the harm you believe you have suffered or will suffer; and the remedy or resolution you are seeking)*:

4. The new filing is not being filed to harass or to cause a delay because *(give reasons)*:

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 OF DECLARANT)		(SIGNATURE OF DECLARANT)
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ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO.:</div> </div> <div>E-MAIL ADDRESS:</div> <div>ATTORNEY FOR <i>(Name)</i>:</div>	FOR COURT USE ONLY
<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> COURT OF APPEAL,</div> <div>APPELLATE DISTRICT, DIVISION</div> </div> <div><input type="checkbox"/> SUPERIOR COURT OF CALIFORNIA, COUNTY OF</div> <div>STREET ADDRESS:</div> <div>MAILING ADDRESS:</div> <div>CITY AND ZIP CODE:</div> <div>BRANCH NAME:</div>	<div style="border: 1px solid black; height: 150px; margin-bottom: 5px;"></div> <div>CASE NUMBER:</div>
PLAINTIFF/ PETITIONER: DEFENDANT/ RESPONDENT: OTHER:	
<div style="text-align: center;"> ORDER TO FILE NEW LITIGATION BY VEXATIOUS LITIGANT </div> <div style="display: flex; justify-content: space-between;"> <div>Type of case:</div> <div style="display: flex; flex-wrap: wrap;"> <div style="margin-right: 10px;"><input type="checkbox"/> Limited Civil</div> <div style="margin-right: 10px;"><input type="checkbox"/> Unlimited Civil</div> <div style="margin-right: 10px;"><input type="checkbox"/> Small Claims</div> <div style="margin-right: 10px;"><input type="checkbox"/> Family Law</div> <div style="margin-right: 10px;"><input type="checkbox"/> Probate</div> <div><input type="checkbox"/> Other</div> </div> </div>	

ORDER

Approval to file the attached document is:

- a. ☐ Granted
- b. ☐ Denied
- c. ☐ Other:

☐ Attachment to order. Number of pages _____.

Date:

 (PRESIDING JUSTICE OR JUDGE)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
<input type="checkbox"/> COURT OF APPEAL, APPELLATE DISTRICT, DIVISION <input type="checkbox"/> SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PLAINTIFF/PETITIONER: _____	
APPLICATION FOR ORDER TO VACATE PREFILING ORDER AND REMOVE PLAINTIFF/PETITIONER FROM JUDICIAL COUNCIL VEXATIOUS LITIGANT LIST	
CASE NUMBER: _____	

Important, please read: This application must be filed in the court that entered the prefiling order, either in the action in which the prefiling order was entered or in conjunction with a request to the presiding justice or presiding judge to file new litigation under Code of Civil Procedure section 391.7. If you have made an application to vacate a prefiling order that was denied, you may not make another application to vacate in any California court until at least 12 months after the denial.

1. I have been determined to be a vexatious litigant under the California Code of Civil Procedure section 391. This application requests that the court vacate its prefiling order and order my name removed from the statewide vexatious litigant list.

2. The prefiling order or orders were issued in the following case or cases (*list all*):

Court: _____	Court: _____
Case Name: _____	Case Name: _____
Case Number: _____	Case Number: _____
Date prefiling order entered: _____	Date prefiling order entered: _____

☐ Continued on *Attachment* (form MC-025).


3. I request that the prefiling order be vacated under Code of Civil Procedure section 391.8. (Describe below the material change in the facts on which the order was granted and how the ends of justice would be served by vacating the order.)

☐ Continued on *Attachment* (form MC-025).

PLAINTIFF/PETITIONER:	CASE NUMBER:
-----------------------	--------------

4. ☐ I have not made an application for an order to vacate a prefiling order in the last 12 months.
5. *On Attachment* (form MC-025) is a list of every case filed in the last five years in which I've been a plaintiff, cross-complainant, or defendant, the approximate number of motions I filed in each case, and the number of requests for new litigation that I have filed. *(Include case name, case number, court in which filed, and date filed.)*

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 OF DECLARANT)		(SIGNATURE OF DECLARANT)

ATTORNEY OR PARTY WITHOUT 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
<input type="checkbox"/> COURT OF APPEAL, APPELLATE DISTRICT, DIVISION <input type="checkbox"/> SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PLAINTIFF/PETITIONER:		
ORDER ON APPLICATION TO VACATE PREFILING ORDER AND REMOVE PLAINTIFF/PETITIONER FROM JUDICIAL COUNCIL VEXATIOUS LITIGANT LIST		CASE NUMBER:

Plaintiff/Petitioner requests that this court vacate the prefiling order and remove the vexatious litigant's name from the statewide list in the following case or cases (*if more than one, list each separately*):

Court:

Court:

Case Name:

Case Name:

Case Number:

Case Number:

Date prefiling order entered:

Date prefiling order entered:

☐ Continued on *Attachment* (form MC-025)

☐ Granted

☐ Denied

Date: _____

 PRESIDING JUSTICE OR JUDGE

The clerk is ordered to provide this order to the Judicial Council of California by fax at 415-865-4329 or by mail at the address below.

Vexatious Litigant Prefiling Orders
 Judicial Council of California
 455 Golden Gate Avenue
 San Francisco, California 94102-3688

Rule 3.36. Notice of limited scope representation and application to be relieved as attorney

(a) Notice of limited scope representation

A party and an attorney may provide notice of their agreement to limited scope representation by serving and filing a *Notice of Limited Scope Representation* (form ~~MC-950~~CIV-150).

(b) Notice and service of papers

After the notice in (a) is received and until either a substitution of attorney or an order to be relieved as attorney is filed and served, papers in the case must be served on both the attorney providing the limited scope representation and the client.

(c) Procedures to be relieved as counsel on completion of representation

Notwithstanding rule 3.1362, an attorney who has completed the tasks specified in the *Notice of Limited Scope Representation* (form ~~MC-950~~CIV-150) may use the procedures in this rule to request that he or she be relieved as attorney in cases in which the attorney has appeared before the court as an attorney of record and the client has not signed a *Substitution of Attorney—Civil* (form MC-050).

(d) Application

An application to be relieved as attorney on completion of limited scope representation under Code of Civil Procedure section 284(2) must be directed to the client and made on the *Application to Be Relieved as Attorney on Completion of Limited Scope Representation* (form ~~MC-955~~CIV-151).

(e) Filing and service of application

The application to be relieved as attorney must be filed with the court and served on the client and on all other parties or attorneys for parties in the case. The client must also be served with a blank *Objection to Application to Be Relieved as Attorney on Completion of Limited Scope Representation* (form ~~MC-956~~CIV-152).

(f) No objection

If no objection is served and filed with the court within 15 days from the date that the *Application to Be Relieved as Attorney on Completion of Limited Scope Representation* (form ~~MC-955~~CIV-151) is served on the client, the attorney making

Rule 3.36 of the California Rules of Court is amended, effective September 1, 2018, to read:

the application must file an updated form ~~MC-955~~CIV-151 indicating the lack of objection, along with a proposed *Order on Application to Be Relieved as Attorney on Completion of Limited Scope Representation* (form ~~MC-958~~CIV-153). The clerk must then forward the order for judicial signature.

(g) Objection

If an objection to the application is served and filed within 15 days, the clerk must set a hearing date on the *Objection to Application to Be Relieved as Attorney on Completion of Limited Scope Representation* (form ~~MC-956~~CIV-152). The hearing must be scheduled no later than 25 days from the date the objection is filed. The clerk must send the notice of the hearing to the parties and the attorney.

(h) Service of the order

If no objection is served and filed and the proposed order is signed under (f), the attorney who filed the *Application to Be Relieved as Attorney on Completion of Limited Scope Representation* (form ~~MC-955~~CIV-151) must serve a copy of the signed order on the client and on all parties or the attorneys for all parties who have appeared in the case. The court may delay the effective date of the order relieving the attorney until proof of service of a copy of the signed order on the client has been filed with the court.