| ATTORNEY, OR PARTY IF NO ATTORNEY: State Bar No.: | For Court Use Only |
|--|--------------------|
| Name: | |
| Address: | |
| City/State/Zip | |
| TELEPHONE NO.: | |
| ATTORNEY FOR: (Name) | |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO STREET ADDRESS: 3341 Power Inn Road MAILING ADDRESS: Same CITY, STATE, AND ZIP CODE: Sacramento, CA 95826 | |
| PETITIONER/PLAINTIFF: | |
| RESPONDENT/DEFENDANT: | |
| CLAIMANT: | |
| | |
| RESPONSE TO PETITION FOR PRIVATE CHILD CUSTODY RECOMMENDING COUNSELING | Case No.: |
| The Petition for Private Child Custody Recommending Counseling was | sorved to me on |
| · · · · · · · · · · · · · · · · · · · | |
| 2. I consent to the request in the Petition for Private Child Custody Recommending Counseling. | |
| 3. I object to the Petition for Private Child Custody Recommending Counseling for the following reason(s): | |
| I declare under penalty of perjury that the foregoing information is true and correct. Dated:// Signature of Declarant: Type or Print Name: | |
| PROOF OF SERVICE 1. I am at least 18 years old, not a party to this action, and not a protected person listed in any of the orders. | |
| 2. I served a copy of this document by: | |
| Enclosing it in a sealed envelope and depositing it with the U.S. Posta The envelope was addressed and mailed as follows: Name of person served: Address: | _ |
| Date mailed: Place of mailing (city ar | nd state): |
| Personally delivering a copy to the person served, as follows: Name of person served: | |
| Date served: Time served: Address: | |
| I declare under penalty of perjury under the laws of the State of California that the information above is true and correct. | |
| Dated:/ Signature of Person Doing the Serving: | |
| Type or Print Name: | |
| Type of Fillit Name | |