ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and address)	STATE BAR NUMBER	:	FOR COURT USE ONLY
TELEPHONE NO.: EMAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FAX NO. (Optional):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF O STREET ADDRESS: 341 The City Drive South MAILING ADDRESS: P.O. Box 14169 CITY AND ZIP CODE: Orange, Ca. 92863-1569 BRANCH NAME Lamoreaux Justice Center	RANGE		
PETITIONER/PLAINTIFF:			
RESPONDENT/DEFENDANT:		CASE NUMI	BER:
FAMILY LAW COVERSHEET FOR ASSIGNMENT DISTRICT			
This form is REQUIRED for any Family Law submitted with a form requesting an initial Control Juvenile Findings, Department of Child Sup 1. Select one of the following cities where a Court hearing is the "Filing Party".	Court hearing. Do not pport Services, Adop	use this form if the hear tion, or Domestic Violen	ing is for Special Immigrant ce requests.
a. North Justice Center:			
<ul><li>□ Brea</li><li>□ Buena Park</li><li>□ Placentia</li><li>□ Yorba Linda</li></ul>	Fullerton	] La Habra 🔲 La Pa	alma
b. Harbor Justice Center:			
☐ Coto de Caza ☐ Dana	a Point $\Box$	] Ladera Ranch	☐ Laguna Beach
☐ Laguna Hills ☐ Lagu	ına Niguel	] Laguna Woods	☐ Lake Forest
<ul><li>☐ Mission Viejo</li><li>☐ New</li><li>☐ San Juan Capistrano</li></ul>	port Beach	Rancho Santa Margarita	☐ San Clemente
c. West Justice Center:			
☐ Cypress ☐ Fountain Valle	y Garden Grove	☐ Huntington Beach	☐ Los Alamitos
☐ Midway City ☐ Rossmoor	] Midway City ☐ Rossmoor ☐ Seal Beach ☐ Stanton		☐ Westminster
d. None of the above cities:			
2. Filing Party's address (if address is conf	idential, provide mailin	g address):	
3. Does any party require an interpreter?:			
Petitioner Language:		espondent Language: _	
I declare under penalty of perjury under the Date:	laws of the State of	California that the forgo	ing is true and correct.
(TYPE OR PRINT NAME)		(SIGNATURE OF DECLARANT)	