

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):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE JUSTICE CENTER: <input type="checkbox"/> Central - 700 Civic Center Dr. West, Santa Ana, CA 92701-4045 <input type="checkbox"/> Harbor - Newport Beach Facility-4601 Jamboree Rd., Newport Beach, CA 92660-2595 <input type="checkbox"/> North - 1275 N. Berkeley Ave., P. O. Box 5000, Fullerton, CA 92838-0500 <input type="checkbox"/> West - 8141 13 th Street, Westminster, CA 92683-4593	
PETITIONER: RESPONDENT:	
DECLARATION OF DEFAULT/NON-COMPLIANCE <input type="checkbox"/> Civil Harassment <input type="checkbox"/> Workplace Violence <input type="checkbox"/> Elder or Dependent Adult Abuse <input type="checkbox"/> Private Postsecondary School Violence	CASE NUMBER:

I am the petitioner/respondent in this case, and on (date): _____ the above mentioned parties filed a stipulation in this case.

Parties agreed to the terms of the stipulation, but the other party failed to comply with the stipulation as follows:

Attached is a completed Order to Show Cause or Notice of Court Hearing form (CH-109, WV-109, SV-109, or EA-109), and I request a hearing within 21 days. I understand that I must have the new Notice of Hearing or Order to Show Cause personally served on the respondent.

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 DECLARANT)

For your protection and privacy, please press the Clear This Form button after you are done printing the form.