ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address)	FOR COURT USE ONLY
TELEPHONE NO : FAX NO. (Optional):	
TELEPHONE NO.:	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE	
STREET ADDRESS: 3390 Harbor Blvd.	
MAILING ADDRESS: 3390 Harbor Blvd.	
CITY AND ZIP CODE: Costa Mesa, CA 92626-1554	
BRANCH NAME: Costa Mesa Justice Complex	
CASE TITLE:	CASE NUMBER
DECLARATION OF WRITTEN ASSURANCE	
	1
I,, the parent of,	, a minor,
I,, the parent of,, a minor, declare that I am entitled to custody of the minor and that the total estate of the minor does not	
exceed five thousand dollars (\$5,000) in value.	
Lacknowledge Lam required to hold the money or other property	in the miner's estate in trust
I acknowledge I am required to hold the money or other property in the minor's estate in trust	
for the minor's benefit, and to account to the minor for the manag	ement of the money or other
property when the minor reaches the age of majority.	
This declaration is a written assurance to the person making the payment of money or delivery	
of other property pursuant to Probate Code section 3401.	
of other property pursuant to Probate Code Section 3401.	
I declare under penalty of perjury under the laws of the State of	f California that the foregoing
is true and correct.	
Doto:	
Date:	
(TYPE OR PRINT NAME) (SIGN	ATURE OF DECLARANT)