ATTORNEY OR PARTY WITHOUT ATTORNEY (Name & Address):		FOR COURT USE ONLY	
Telephone No.:	Fax No. (Optional):		
E-Mail Address (Optional): ATTORNEY FOR (Name):	Bar No:		
SUPERIOR COURT OF CALIFO Civil Complex Center - 751 W. Santa	ORNIA, COUNTY OF ORANGE a Ana Blvd., Bldg. 36, Santa Ana, CA 92701-4512		
PLAINTIFF / PETITIONER:			
DEFENDANT / RESPONDENT:			
CLASS ACTION/	CASE NUMBER:		
(To be filed by counsel for posterior)	DEPT: JUDGE: STATUS CONFERENCE DATE:		
of Los Angeles County (20	f interest issues raised in <u>Apple Comput</u> 005) 126 Cal. App. 4th 1253, counsel for the following information under oath to th	each proposed class	<u>ourt</u>
1. Is any proposed class rep	oresentative an attorney?	Yes No	
2. Is any proposed class representative a spouse, child or family member of plaintiff's counsel or of a partner or associate of the law firm of which plaintiff's counsel is a member?		Yes No	
If yes, explain relation	nship:		
3. Within the last 5 years, has any proposed class representative filed prior class action lawsuits using the same plaintiff's counsel or firm as in the present case?		Yes No	
If yes, explain:			
with plaintiff's counsel, include	s representative have a business relation ding but not limited to, the relationship mployee, principal, agent, independent orporation?	rship Yes No	
If yes, explain relation	nship:		
5. If there is co-counsel, have the attorneys been co-counsel in other class actions?		Yes No	
I declare under penalty of peand correct.	erjury under the laws of the State of Calif	ornia that the foregoing is t	rue
			_
DATE	SIGNATURE OF COU	NSEL FOR PLAINTIFF(S)	