## **CONFIDENTIAL**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name & Address):			FOR COURT USE ONLY
Т	ELEP	HONE NO.:	
E-MAIL ADDRESS (Optional):			
ATTORNEY FOR (Name): BAR NO.:			
		RIOR COURT OF CALIFORNIA, COUNTY OF ORANGE eaux JUSTICE CENTER: - 341 The City Drive, Orange, CA 92868-3205	
С	ASE	NAME:	
		CONFIDENTIAL - PARTY IDENTIFICATION AND	CASE NUMBER:
		NOTICE OF RELATED CASE(S)	
un dis <b>an</b> Fa	nece cove <b>d/or</b> mily	nt to Orange County Local Rules of Court 701.5, in order to avoid dussary hearings, parties must disclose all related cases when a Fami rs there is a related case in Orange County or another county. <b>A relat minor children of the parties are involved in other cases.</b> Example Law case, a domestic violence case, a child support case, a criminal child of one or both of the parties.	y Law case is filed or when a party ed case means one or both parties les of related cases include; another
<ol> <li>PARTIES TO THE CASE: For the case number listed above, specify identifying information f parent and/or guardian who is a party to the case:</li> </ol>			dentifying information for any adult,
		Provide as much information as possible. If information is not availab	le, please write <b>UNKNOWN</b> .
	a.	☐ PETITIONER/PLAINTIFF ☐ RESPONDENT/DEFENDANT ☐ OTHER PARTY:	
		Name: Date of Birth:	
		Gender: Male Female Nonbinary Email Address  Other name(s) used:	
	b.	☐ PETITIONER/PLAINTIFF ☐ RESPONDENT/DEFENDAN	T OTHER PARTY:
Name:		Name: Date	e of Birth:
		Gender: Male Female Nonbinary Email Address	
		Other name(s) used:	
2.		ve you or a member of your family ever served in the military regar Yes  \text{No}	dless of discharge status?
3.		THERE ARE NO RELATED CASES.	
4.	DE	ATED CASES: If you your minor children, or the minor children or	f any other party to this Family Law
4. RELATED CASES: If you, your minor children, or the minor children of any other party to this Famil proceeding have been involved in another court action with any of the persons listed on this form, provi case information below. If any information is unknown, leave the section blank.			rsons listed on this form, provide the
		Case Number Case Name Person Involve	
	a.		
	b.		
	C.		
Da	te:		