

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name & Address</i>): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (<i>Name</i>): _____ BAR NO.: _____	ATTACHMENT TO PLEADING
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE JUSTICE CENTER: <input type="checkbox"/> Lamoreaux - 341 The City Drive South, Orange, CA 92868-3205	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER:	HEARING DATE: DEPARTMENT:
DOCUMENT COVER SHEET (FAMILY LAW)	CASE NUMBER:

This cover sheet must be attached to each document not submitted on a Judicial Council or Local form.

Please mark one box that best describes the attached document. Additional title information may be added.

- | | | | |
|---|-------------------------------------|--|--|
| <input type="checkbox"/> Answer | <input type="checkbox"/> Response | <input type="checkbox"/> Opposition | <input type="checkbox"/> Objection |
| _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Brief: | <input type="checkbox"/> Settlement | <input type="checkbox"/> Trial/Hearing | <input type="checkbox"/> Order / Ruling |
| _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Complaint / Petition | | <input type="checkbox"/> Points & Authorities | |
| _____ | | _____ | |
| <input type="checkbox"/> Declaration | | <input type="checkbox"/> Proof of Service | |
| _____ | | _____ | |
| <input type="checkbox"/> Demand | | <input type="checkbox"/> Proposed Statement of Decision/Order/Judgment | |
| _____ | | _____ | |
| <input type="checkbox"/> Errata | | <input type="checkbox"/> Qualified Domestic Relations Order | |
| _____ | | _____ | |
| <input type="checkbox"/> List: | <input type="checkbox"/> Exhibit | <input type="checkbox"/> Witness | <input type="checkbox"/> Reply |
| _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Memorandum | | <input type="checkbox"/> Report | |
| _____ | | _____ | |
| <input type="checkbox"/> Motion: | <input type="checkbox"/> Limine | <input type="checkbox"/> Sanctions | <input type="checkbox"/> Other |
| _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Notice | | <input type="checkbox"/> Request | <input type="checkbox"/> Application |
| _____ | | _____ | _____ |
| <input type="checkbox"/> Other | | <input type="checkbox"/> Statement of Issues | |
| _____ | | _____ | |
| | | <input type="checkbox"/> Stipulation Re: | <input type="checkbox"/> Stipulation & Order Re: |
| | | _____ | _____ |
| | | <input type="checkbox"/> Support Schedule/Worksheet | |
| | | _____ | |