

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: _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE <input type="checkbox"/> Central Justice Center, 700 Civic Center Dr. West, Santa Ana, CA 92701-4045 <input type="checkbox"/> Civil Complex Center, 751 W. Santa Ana Blvd., Santa Ana, CA 92701-4512	
PLAINTIFF: DEFENDANT:	CASE NUMBER:
DECLARATION OF MAILING OR OF INABILITY TO ASCERTAIN ADDRESS Unlimited Civil	Case assigned to: Judge: Department: Date complaint filed: Hearing/trial date:

The address of the defendant, respondent or citee _____
(Name)
 having been ascertained during the period of publication of the _____
(Summons or citation)
 ordered by the Court, I mailed a copy of the _____
(Documents)
 to the defendant, respondent or citee _____
(Person served)
 at _____
(Street address, city and state)

by United States mail, postage prepaid on _____
(Date)

During the period of publication of the _____ ordered by
(Summons or citation)
 the Court, the address of the defendant, respondent or citee _____
(Name)
 was not ascertained.

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)

DECLARATION OF MAILING OR OF INABILITY TO ASCERTAIN ADDRESS