	IVIC-U3U
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
_	
TELEPHONE NO.:	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Kern	
STREET ADDRESS: 1773 State Highway 58	
MAILING ADDRESS: <b>Same</b> CITY AND ZIP CODE: <b>Mojave 93501</b>	
BRANCH NAME: Mojave Branch	
PLAINTIFF/PETITIONER:	
DEFENDANT/RESPONDENT	
	CASE NUMBER:
DECLARATION	
I, , DECLARE THE FOLLOWING TO BE TRUE AND CORRECT AND GIVE	
MY AUTHORIZATION PURSUANT TO FAMILY CODE SECTION 7643, IF ACCESS TO CO	ONFIDENTIAL UNIFORM PARENTAGE
ACT ACTION IS REQUESTED.	
A LIGENSED LEGAL DOCUMENT ACCIONANT TO ACCIONATE	
I MET WITH A REPORT OF THE PART OF THE PAR	
IN PRO PER TO PREPARE AND FILE LEGAL FORMS/DOCUMENTS TO FILE AND/OR COMPLETE A	
DISSOLUTION OF MARRIAGE.	
I UNDERSTAND THAT THIS PERSON IS NOT A LAWYER AND CANNOT GIVE LEGAL ADVICE.	
FURTHERMORE, I UNDERSTAND THAT THE COUNTY CLERK HAS NO OBLIGATION TO EVALUATE THIS PERSON'S	
KNOWLEDGE, EXPERIENCE OR SERVICES.	O EVALUATE THIS I ENGLIS
HAS PRESENTED TO ME CURRENT LICENSING INFORMATION WHICH	
VERIFIES HER CLASSIFICATION AS A LEGAL DOCUMENT ASSISTANT. AS SUCH, SHE IS	
LICENSED AND BONDED IN COUNTY, CALIFORNIA, KERN LDA# , EXPIRATION DATE	
AND DOING BUSINESS AS LOCATED AT	
, CALIFORNIA. BUSINESS TELEPHONE:	
	<del></del>
FEE FOR SERVICES: \$650.00	
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) (SIG	NATURE OF DECLARANT)
	Plaintiff Patitionar Defendant
☐ Attorney for ☐	Plaintiff Petitioner Defendant
Respondent	Other (Specify):