

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO: _____ FAX NO.: _____ E-MAIL ADDRESS (optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY CONFIDENTIAL Place in confidential part of the court file.
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA 200 South G Street Madera, California 93637 Civil Division	
PETITIONER: _____ RESPONDENT: _____	
CONFIDENTIAL DECLARATION	CASE NUMBER: _____

You are required to complete this *Confidential Declaration* when you file any petition in any family law case type. If filing a response in any family law case type, this declaration is optional but encouraged. You are required to provide the social security numbers for yourself and your spouse on this form if you know them. This form will be kept in a confidential part of the court file and may not be disclosed without good cause shown to the court.

After you have completed this form, you may redact (block or cross out) any social security number listed on this form from any future document or other written material filed with the court.

You may not redact or change any previously filed documents without a court order.

1. Petitioner (name): _____

Address: _____

Alia (if any): _____ Social Security Number: _____

Date of Birth: _____ Driver's License: _____

☐ Female ☐ Male ☐ Need Interpreter If so, what language? _____

2. Respondent (name): _____

Address: _____

Alia (if any): _____ Social Security Number: _____

Date of Birth: _____ Driver's License: _____

☐ Female ☐ Male ☐ Need Interpreter If so, what language? _____

3. If self-represented, someone ☐ did not ☐ did assist me in completing my forms for compensation. (if you paid someone for assistance, state below):

4. Name of Document Preparer: _____

Address, city, and zip: _____

County of registration number (if LDA): _____

If prepared by an LDA, must complete local form MAD-CIV-019 Authorization for Non-Attorney Court Document Preparer.

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)