

1 Name:
2 Address:
3 City/State/Zip:
4 Phone Number:
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8 SUPERIOR COURT OF CALIFORNIA
9 COUNTY OF SAN FRANCISCO
10 UNIFIED FAMILY COURT
11

12) Case No.:
13)
14) **DECLARATION REGARDING**
15) **ACCEPTANCE OF SERVICE AT "IN**
16) **CARE OF" ADDRESS**
17)
18)
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22)
23)
24)
25)

Petitioner,
and
Respondent

1. I am the Petitioner Respondent in this matter.
2. I request that the Court file my Petition/Response with a "in care of" (c/o) address. I am unable to provide my office address or residence address on my Petition/Response for the following reason:

- 1 3. I understand that California Code of Civil Procedure § 1013 requires that documents served
2 by mail must be served at my office address or my residence address. I further understand
3 that by failing to provide my office address or my residence address on my pleading, the
4 opposing party in this case may not be able to comply with that requirement.
5
- 6 4. Therefore, I agree to accept service of documents related to this matter at the "care of" (c/o)
7 address listed on my Petition Response.
8
- 9 5. I declare under penalty of perjury under the laws of the State of California that the foregoing
10 is true and correct.
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12 Dated:

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14

15 _____
16 Print Name

15 _____
16 Signature

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