ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, address and state bar number)* Telephone No: Fax No: E-Mail Address: Attorney for: (*Name)*	***FOR COURT USE ONLY***
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED **STREET ADDRESS: 2260 N Street** **MAILING ADDRESS: 627 W. 21ST Street** **CITY AND ZIP CODE: Merced, CA 95340** **Branch Name: Family Law Division, Courtroom 6**	
REQUEST FOR SEPARATE CCRC	**CASE NUMBER:**

Per Family Code §3181, a request for SEPARATE CCRC is available only to a party that is alleging a history of domestic violence between the parties in a written declaration under penalty of perjury or where the party is the protected person within a protective order.

I, _____, submit this written request for **SEPARATE CCRC**. I understand that **SEPARATE CCRC** is granted by a verbal request to the CCRC and/or the filing of this form ***ONLY*** in cases where there is a history of domestic violence between the parties in a written declaration under penalty of perjury, or where I, as a party to this action, am the protected party in a protective order.

Date: _____ _____

Signature of Party