ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address)*:	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	
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	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
COVER PAGE FOR CONFIDENTIAL RECORDS	CASE NUMBER:

I, _____, declare as follows:

I am the ☐ Petitioner ☐ Respondent ☐ Other Parent in this case.

Attached hereto arc true and correct copies of the following confidential incident reports in connection with

☐ Petitioner's ☐ Respondent's ☐ Other Parent's

☐ Request for Order ☐ Request for Domestic Violence Restraining Order ☐ Mediation.

1. Report of _____ Police Department dated _____.
2. Report of _____ Police Department dated _____.
3. Report of _____ Police Department dated _____.
4. Report of _____ Police Department dated _____.
5. Report of _____ Police Department dated _____.

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)

☐ Attorney for ☐ Plaintiff ☐ Petitioner ☐ Defendant
☐ Respondent ☐ Other *(Specify):*