ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address) STAT	E BAR NUMBER:	FOR COURT USE ONLY
TELEPHONE NO.: FAX M EMAIL ADDRESS (Optional): ATTORNEY FOR (Name):	NO. (Optional):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE STREET ADDRESS: 341 The City Drive South MAILING ADDRESS: P.O. Box 14169 CITY AND ZIP CODE: Orange, Ca. 92863-1569 BRANCH NAME Lamoreaux Justice Center		
RESPONDENT/DEFENDANT:		
FAMILY LAW COVERSHEET FOR ASSIGNMENT TO		CASE NUMBER:
 submitted with a form requesting an initial Court head luvenile Findings, Department of Child Support Server. Select one of the following cities where the Filing a Court hearing is the "Filing Party". 	vices, Adoption, or Domestic	Violence requests.
a. North Justice Center:		
Brea Buena Park Placentia Yorba Linda	rton 🔄 La Habra] La Palma
b. Harbor Justice Center:		
Coto de Caza Dana Point	Ladera Ranch	Laguna Beach
Laguna Hills Laguna Niguel	🗌 Laguna Woods	Lake Forest
Mission Viejo Newport Beach	Rancho Santa Ma	argarita 🔲 San Clemente
San Juan Capistrano		
c. West Justice Center:		
Cypress Fountain Valley Ga	arden Grove 🔲 Huntington Be	each 🗌 Los Alamitos
Midway City Rossmoor Se	eal Beach	U Westminster
d. None of the above cities:		
2. Filing Party's address (if address is confidential, pr	ovide mailing address):	
3. Does any party require an interpreter?:		
Petitioner Language:	Respondent Lang	uage:
l declare under penalty of perjury under the laws of t Date:	he State of California that the	e forgoing is true and correct.

T	YPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)	
Form Approved for Mandatory Use L-0560 [Rev. August 08, 2019]	FAMILY LAW COVERSHEET FOR AS JUSTICE (Page 1 of 1