

SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF PLACER

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, and Address): TELEPHONE NO.:	FOR COURT USE ONLY
Superior Court of California, County of Placer <input type="checkbox"/> 10820 Justice Center Drive <input type="checkbox"/> 2501 N. Lake Blvd. P. O. Box 619072 P.O. Box 5669 Roseville, CA 95661-9072 Tahoe City, CA 96145	
Petitioner/Plaintiff: Respondent/Defendant:	
RESPONSE TO PETITION FOR PRIVATE CHILD CUSTODY RECOMMENDING COUNSELING	CASE NUMBER:

1. The Petition for Private Child Custody Recommending Counseling was served to me on _____
2. I consent to the request in the Petition for Private Child Custody Recommending Counseling.
3. I object to the Petition for Private Child Custody Recommending Counseling for the following reason(s):

I declare under penalty of perjury that the foregoing information is true and correct.

Date: _____ Signature of Declarant: _____
 Type or Print Name: _____

PROOF OF SERVICE

1. I am at least 18 years old, not a party to this action, and not a protected person listed in any of the orders.
2. I served a copy of this document by:
 - Enclosing it in a sealed envelope and depositing it with the U.S. Postal Service with the postage fully prepaid.
 The envelope was addressed and mailed as follows:
 Name of person served: _____
 Address: _____
 Date mailed: _____ Place of mailing (city and state): _____
 - Personally delivering a copy to the person served, as follows:
 Name of person served: _____
 Date served: _____ Time served: _____

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: _____ Signature of Declarant: _____
 Type or Print Name: _____