ATTORNEY OF NAME:	R PARTY WITHOUT ATTORNEY STATE BAR NO.:	For Court Use Only
STREET NAME	<u>:</u>	
CITY:	STATE: ZIP CODE:	
TELEPHONE N	NO.:	
EMAIL ADDRE	SS:	
SUPERIOR C	OURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO	
STREET ADDR		
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CITY AND ZIP		
BRANCH NAM		
RESPONDENT/E		
OTHER PARTY:		
OTHER TAKETT.		CASE NUMBER(S):
	EXHIBIT LIST	
☐ Petitioner/F	Plaintiff \Box Respondent/Defendant \Box Other (specify):	
	ek admission of the exhibits listed herein at the time of \Box hea	ring or □ trial scheduled on
(date):		ing or — that concading on
(ddto)		
Exhibit No.:	Description of Exhibit	
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EXHIBIT LIST