**CONFIDENTIAL**

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|---|---|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME, ADDRESS, PHONE)<br><br>Attorney for: | To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished. |
| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS**<br>Street Address: 800 11th Street, Modesto, CA 95354<br>Civil Clerk' Office: 1100 I Street, P.O. Box 1098, Modesto, CA 95353 | |
| **Petitioner:**<br><br>**Respondent:** | |
| **CONFIDENTIAL DECLARATION** | Case Number: |

You are required to complete this *Confidential Declaration* when you file any petition or response in any family law case type. You are required to provide the social security numbers for yourself and your spouse on this form if you know them. This form will be kept in a confidential part of the court file and may not be disclosed without good cause shown to the court.

After you have completed this form, you may redact (block or cross out) any social security number listed on this form from any future document or other written material filed with the court.

You may not redact or change any previously filed documents without a court order.

**Petitioner** (name):_____
**Address:** _____
**Alias** (if any)**:** _____**Social security number**:_____
**Date of Birth**:_____ **Drivers License:**_____
☐ **Female** ☐ **Male**

**Respondent** (name):_____
**Address:** _____
**Alias** (if any)**:** _____**Social security number**:_____
**Date of Birth:**_____ **Drivers License:**_____
☐ **Female** ☑ **Male**

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 Your Name) (Sign Your Name)



For your protection and privacy please press the Clear This Form button after you have printed the form.

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