

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITION OF <i>(Name of petitioner):</i>	
DECLARATION IN SUPPORT OF PETITION FOR RELIEF FROM FINANCIAL OBLIGATIONS DURING MILITARY SERVICE	CASE NUMBER:

I *(name):* _____ declare as follows:

- I am or was a member of the National Guard or a reservist of the United States military reserves, and I *(check the applicable boxes):*
 have been called or ordered into am currently serving am within six months of having completed full-time active duty service in the state or federal armed services or reserves. (Mil. & Vet. Code, § 400(b).)
- The effective date of the orders for my most current period of military service is:
- My expected dates and location of full-time active service are as follows *(describe dates [including beginning and release dates] and location in service, with rank, branch, and unit of service):*
- I have attached as Exhibit A a true and correct copy of *(check one):* my military orders a certificate attesting to information in item 3 signed by an appropriately authorized officer of my military department branch or unit other documents as evidence of my military service, listed below. *(Bring original of documents to hearing if available.)*
- The financial obligation or liability from which I am seeking relief is *(identify and describe in detail what obligation or liability to respondent you are seeking relief from, including when they were incurred):*

Continued on form MC-025 *(attach that form if you need more space).*

- I have attached as Exhibit B true and correct copies of evidence of the above obligation as follows *(Attach copy of mortgage statement, loan statement, bill, tax bill, or other evidence of your financial obligations or liabilities and list the documents below.)*

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

7. The following facts show why my ability to pay the financial obligation or liability to respondent has been materially affected by my *most current period of military service*:

Continued on form MC-025 (*attach that form if you need more space*).

8. I have attached as Exhibit C copies of documents that support the above facts. (*List any documents you have attached to support the facts described above*):

9. Number of pages attached to this declaration: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing, including statements on all attachments, is true and correct.

Date:

(TYPE OR PRINT NAME OF DECLARANT)



(SIGNATURE OF DECLARANT)