

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and Address):</i>  TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
SHORT TITLE:	
<div style="text-align: center;"> <b>REQUEST FOR ADMISSIONS</b>  <input type="checkbox"/> Truth of Facts      <input type="checkbox"/> Genuineness of Documents                 </div> Requesting Party: Responding Party: Set No.:	CASE NUMBER:

You are requested to admit within thirty days after service of this *Request for Admissions* that

1.  each of the following facts is true *(number each fact consecutively)*:

Continued on Attachment 1

2.  the original of each of the following documents, copies of which are attached, is genuine *(number each document consecutively)*:

Continued on Attachment 2.

\_\_\_\_\_  
 (TYPE OR PRINT NAME)

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\_\_\_\_\_  
 (SIGNATURE OF PARTY OR ATTORNEY)