

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
NAME OF COURT: Merced Superior STREET ADDRESS: 2260 "N" Street MAILING ADDRESS: 627 West 21st Street CITY AND ZIP CODE: Merced, California 95340 BRANCH NAME: Family Law	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
PETITIONER'S <input type="checkbox"/> RESPONDENT'S <input type="checkbox"/> OBJECTIONS TO <input type="checkbox"/> FAMILY COURT SERVICES EVALUATION <input type="checkbox"/> FAMILY COURT SERVICES ASSESSMENT <input type="checkbox"/> MINOR'S COUNSEL'S RECOMMENDATION	CASE NUMBER:

THE ABOVE PARTY OBJECTS TO THE FOLLOWING PROVISIONS OF THE RECOMMENDED ORDER:

FACTS SUPPORTING OBJECTIONS:

PLAINTIFF/PETITIONER:	CASE NUMBER:
DEFENDANT/RESPONDENT:	

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 NAME)  _____ (SIGNATURE OF DECLARANT)

- Petitioner/Plaintiff: Respondent/Defendant Attorney
- Other (*specify*):