ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, address and telephone #):* STATE BAR NO: ATTORNEY FOR *(Name):*	***FOR COURT USE ONLY***
MARIN COUNTY SUPERIOR COURT 3501 Civic Center Drive P.O. Box 4988 San Rafael, CA 94913-4988	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
ADDRESS VERIFICATION DECLARATION FOR POST-JUDGMENT REQUEST FOR ORDER	CASE NUMBER:

1. I am the ❒ attorney for ❒ petitioner ❒ respondent ❒ other parent ❒ other party in this matter.

2. Before the request was served on the other party by mail, I verified in the previous 30 days that the other party's current residence or office address is *(specify)*: _____
_____
_____

3. I can confirm that the above address is the other party's **current residence or office address** because:

   (a) ❒ I contacted the other party directly within the past 30 days and he or she gave me the above address.

   (b) ❒ I have been at that address in connection with a custody and visitation or other matter within the past 30 days.

   (c) ❒ It is the new address that the other party provided on *Notice of Change of Address* (Judicial Council form MC-040) or other pleading and filed with the court on _____/_____/_____.

   (d) ❒ It is the office address that he or she last gave on a document filed with the court in this case which was also served on me as a party in the case.

   (e) ❒ I sent the other party a letter by mail to the address in (b) with return receipt requested and the other party signed and accepted the letter at that address within the past 30 days.

   (f) ❒ I confirmed by another method *(specify)*: _____
   _____
   _____

   ❒ Continued in Attachment 3(f)

I declare under penalty of perjury under the laws of the state of California that the foregoing and all attachments are true and correct.

_____	_____	_____
DATE	*SIGNATURE*	*PRINT NAME*