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STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

\_\_\_\_\_ COURT

\_\_\_\_\_ DIVISION

\_\_\_\_\_,

[First Party's Full Legal Name]

[Role of First Party]: \_\_\_\_\_

[Mailing Address for First Party]:

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[Additional Party's Full Legal Name (Same Side)]: \_\_\_\_\_

[Mailing Address for Additional Party (Same Side)]:

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[Third Party's Full Legal Name (Same Side)]: \_\_\_\_\_

[Mailing Address for Third Party (Same Side)]:

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\_\_\_\_\_,  
[Opposing Party's Full Legal Name]  
[Role of Opposing Party]: \_\_\_\_\_  
[Mailing Address for Opposing Party]:

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[Additional Opposing Party's Full Legal Name]: \_\_\_\_\_  
[Mailing Address for Additional Opposing Party]:

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[Third Opposing Party's Full Legal Name]: \_\_\_\_\_  
[Mailing Address for Third Opposing Party]:

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**Case No.** \_\_\_\_\_

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[DOCUMENT TITLE]

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**Dated:** \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

**Respectfully submitted,**

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

[Your Role in this Filing]: \_\_\_\_\_

[Your Full Legal Name (as the Filing Party)]: \_\_\_\_\_

[Mailing Address for the Filing Party]:

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[Second Filing Party's Full Legal Name]: \_\_\_\_\_

[Mailing Address for the Second Filing Party]:

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[Third Filing Party's Full Legal Name]: \_\_\_\_\_

1 [Mailing Address for the Third Filing Party]:  
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9 [If Attorney is listed]:

10 Attorney for [Your Role in this Filing]: \_\_\_\_\_

11 [Attorney's Full Name]: \_\_\_\_\_

12 **Bar No.:** \_\_\_\_\_

13 [Law Firm or Organization Name]: \_\_\_\_\_

14 [Attorney's Address]:

15 **Email:** \_\_\_\_\_  
16

17 **Phone:** \_\_\_\_\_  
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19  
20  
21 **CERTIFICATE OF SERVICE**  
22  
23

24 I hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, a true and correct  
25 copy of the foregoing \_\_\_\_\_ was served upon the following parties in this  
26 action by the method(s) indicated below:  
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**Recipient Name:** \_\_\_\_\_

**Recipient Address:** \_\_\_\_\_

\_\_\_\_\_ Service Method:  U.S. Mail,

postage prepaid

- Hand Delivery
- Facsimile
- Email
- Electronic Filing System

**Recipient Name:** \_\_\_\_\_

**Recipient Address:** \_\_\_\_\_

\_\_\_\_\_ Service Method:  U.S. Mail,

postage prepaid

- Hand Delivery
- Facsimile
- Email
- Electronic Filing System

**Recipient Name:** \_\_\_\_\_

**Recipient Address:** \_\_\_\_\_

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\_\_\_\_\_ Service Method:  U.S. Mail,

postage prepaid

- Hand Delivery
- Facsimile
- Email
- Electronic Filing System

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_