

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY CASE NUMBER: _____
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Bernardino STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
Declaration Regarding Objection to Agreement	

Hearing Date: _____
 Time: _____
 Dept: _____

The undersigned hereby declares that:

I am the Petitioner Respondent Other Parent in the above mentioned matter.

I object to the Agreement regarding custody/visitation and parenting plan entered on _____. My hearing is currently scheduled for _____. My objection is being made within 10 (ten) days of signing of the Agreement.

I object for the following reasons:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

Printed Name _____ Signature _____