	(Name, State Bar number, and address):		FOR COURT US	E ONLY
I				
TELEPHONE NO.:	FAX NO. (Optional):			
E-MAIL ADDRESS (Optional):	. victor (optional).			
ATTORNEY FOR (Name):				
SUPERIOR COURT OF CALIFORNI	IA, COUNTY OF			
STREET ADDRESS:				
MAILING ADDRESS:				
CITY AND ZIP CODE: BRANCH NAME:				
CASE NAME:				
CAGE IVAIVIE.				
		CASE	NUMBER:	
PARENTAGE INQUIRY—JUVENILE			CASE NUMBER.	
TO: Local child support agency (naddress):	name):			
(Fax number):				
	en named below has been filed in juveni ner or not parentage has been previous			
2. <u>Child's name</u>	<u>Age</u>	Date of birth		<u>Sex</u>
Date:				
Date.	_			
Date.	_	JUDICIAL	OFFICER	
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