YOUR NAME

Street Address

City, State, Zip

Phone Number (with area code)

Fax Number: if available

Email: if available

YOUR NAME, IN PRO PER

**SUPERIOR COURT OF THE STATE OF CALIFORNIA**

**FOR THE COUNTY OF SAN DIEGO**

|  |  |  |
| --- | --- | --- |
| NAME OF PLAINTIFF(S)  Plaintiff(s),  vs.  NAME OF DEFENDANT(S),  Defendant(s). | )  )  )  )  )  )  )  )  )  )  )  )  )  )  )  )  ) | Case No.:  **DOCUMENT TITLE (e.g., NOTICE OF MOTION AND MOTION FOR STRIKING PORTIONS OF COMPLAINT)**    **DATE: (date of hearing)**  **TIME: (time of hearing)**  **DEPT: (department number)**  Judge: (name of hearing judge)  Dept: (department number)  Action Filed: (date)  Trial Date: (Date or Unassigned) |

**NOTICE OF MOTION**

DATED:

|  |  |  |
| --- | --- | --- |
|  | *Your signature* |  |
|  | YOUR NAME  In Pro Per |  |

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