ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, state bar number and address*) TELEPHONE NUMBER: FAX NO: ATTORNEY FOR (*Name*):	*FOR COURT USE ONLY*
LASSEN SUPERIOR COURT 2610 RIVERSIDE DRIVE SUSANVILLE, CA 96130	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	
FAMILY SUPPORT INFORMATION FORM	CASE NUMBER:

ATTENTION

FAMILY SUPPORT INFORMATION MUST BE FILED IN ALL FAMILY LAW CASES.

1. NAME OF FILING PARTY:_____

2. NAME OF FILING PARTY'S ATTORNEY:_____

3. IS THERE A SUPPORT REQUEST (child support or family support) IN YOUR CASE?

YES _____ NO _____

LASSEN SUPERIOR COURT
FAMILY SUPPORT INFORMATION FORM