	FL-310
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PETITIONER:	
RESPONDENT:	
RESPONDENT.	CAOF AU IMPED
EX PARTE APPLICATION AND ORDER TO SEAL FINANCIAL FORMS	CASE NUMBER:
1. I am the petitioner respondent other (specify):	in this case.
2. I request that the family law forms and other written documents listed below be sealed identifying information about my assets or debte.	because they contain the location or
identitying information about my assets or debts.	
Name of form or written document a. Date file	<u>d</u>
b.	
C.	
A	
d.	
e.	
Continued on Attachment 2(f).	
3. I have provided the other party in this case with copies of all these documents. A copy of each of these documents is attached. These documents have have not been filed previously.	
4. I have given notice to the other party in this case. My proof of service of ex parte application is attached.	
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
r declare under penalty of perjury under the laws of the State of Camornia that the foregon	g is true and correct.
Date:	
L	
)	
(TYPE OR PRINT NAME)	(SIGNATURE OF PARTY)
ORDER	
Upon reviewing the listed documents, it appears that they contain the location of, or identif	ving information about the parties' assets or
debts. Therefore, following Family Code section 2024.6, the court orders that the document	nts listed on lines 22 2b
2c 2d 2e and on attachment 2(f) (specify documents):	be sealed.
	Do oddiod.
Date	
Date:	
	JUDICIAL OFFICER