

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):</p> <hr/> <p>TELEPHONE NO.: _____ FAX NO. (Optional): _____</p> <p>ATTORNEY FOR (Name): _____</p>	<p style="text-align: center;">FOR COURT USE ONLY</p>
<p>NAME OF COURT: Merced Superior</p> <p>STREET ADDRESS: 2260 "N" Street</p> <p>MAILING ADDRESS: 627 West 21st Street</p> <p>CITY AND ZIP CODE: Merced, California 95340</p> <p>BRANCH NAME: Family Law</p>	
<p>PLAINTIFF/PETITIONER:</p> <p>DEFENDANT/RESPONDENT:</p>	
<p>PETITIONER'S <input type="checkbox"/> RESPONDENT'S <input type="checkbox"/></p> <p style="text-align: center;">OBJECTIONS TO</p> <p><input type="checkbox"/> FAMILY COURT SERVICES EVALUATION</p> <p><input type="checkbox"/> FAMILY COURT SERVICES ASSESSMENT</p> <p><input type="checkbox"/> MINOR'S COUNSEL'S RECOMMENDATION</p>	<p>CASE NUMBER:</p>

THE ABOVE PARTY OBJECTS TO THE FOLLOWING PROVISIONS OF THE RECOMMENDED ORDER:

FACTS SUPPORTING OBJECTIONS:

PLAINTIFF/PETITIONER:	CASE NUMBER:
DEFENDANT/RESPONDENT:	

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

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF DECLARANT)

Petitioner/Plaintiff:

Respondent/Defendant

Attorney

Other (*specify*):