ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, and Address) State Bar No. TELEPHONE NO. FAX NO. *(OPTIONAL)* ☐ ATTORNEY FOR:	*FOR COURT USE ONLY*
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LASSEN 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