

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>): <hr style="width: 10%; margin-left: 0;"/>	TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR (<i>Name</i>): NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
SHORT TITLE:		
REQUEST FOR ADMISSIONS <input type="checkbox"/> Truth of Facts <input type="checkbox"/> Genuineness of Documents Requesting Party: Responding Party: Set No.:		CASE NUMBER:

You are requested to admit within thirty days after service of this Request for Admissions that

A. each of the following facts is true (*number each fact consecutively*):

continued on Attachment A.

B. the original of each of the following documents, copies of which are attached, is genuine (*number each document consecutively*):

continued on Attachment B.

.....
 (TYPE OR PRINT NAME)



 (SIGNATURE OF PARTY OR ATTORNEY)