

1 YOUR NAME  
Street Address  
2 City, State, Zip  
Phone Number (with area code)  
3 Fax Number: if available  
Email: if available  
4

5 YOUR NAME, IN PRO PER  
6  
7

8 **SUPERIOR COURT OF THE STATE OF CALIFORNIA**  
9 **FOR THE COUNTY OF SAN DIEGO**  
10

11 NAME OF PLAINTIFF(S) ) Case No.:  
12 Plaintiff(s), ) **DOCUMENT TITLE (e.g., NOTICE OF**  
13 vs. ) **MOTION AND MOTION FOR STRIKING**  
14 NAME OF DEFENDANT(S), ) **PORTIONS OF COMPLAINT)**  
15 Defendant(s). ) **DATE: (date of hearing)**  
16 ) **TIME: (time of hearing)**  
17 ) **DEPT: (department number)**  
18 ) Judge: (name of hearing judge)  
19 ) Dept: (department number)  
20 ) Action Filed: (date)  
21 ) Trial Date: (Date or Unassigned)  
22 )

20 The text of your document begins here.  
21  
22

23 DATED: June 24, 2017

24 Your signature  
YOUR NAME  
25 In Pro Per  
26  
27  
28