SACRAMENTO COUNTY DEPARTMENT OF CHILD, FAMILY AND ADULT SERVICES (DCFAS) 3331 Power Inn Road Sacramento, CA 95826 Telephone Number: (916) 875-4241				FOR CO	URT USE ONLY	
SUPERIOR COURT OF CALIFORNIA		SACRAMENTO		1		
STREET ADDRESS: 3341 Power Inn Road						
MAILING ADDRESS: 3341 Power Inn Road						
CITY AND ZIP CODE: Sacramento, California 95826						
BRANCH NAME: William R. Ridgeway Family Relations Courthouse						
MINOR'S NAME:						
REQUEST FOR APPOINTMENT OF COUNSEL				Case Number(s): Dept.:		
COUNSEL IS REQUESTED FO	 OR:			_ рерш		
Name of Party DOB XREF Address of I				Party	Relationship to	
riamo er r arty		(if known)	Addition of Larry		Minor	
REASON FOR REQUEST:						
□ New Party to Case □ The party has presur □ Declaration o □ Judgment of □ □ Child was bor □ Parent has re □ Blood test cor □ Other: □ Other: □ Discovery is attached	f Paternity Paternity rn during the esided with t nfirms pater	e marriage the child and h	ased on one of the follo	-	own	
NEXT HEARING DATE ANI	D TYPE:					
The request is hereby gran party.	ted. The La		PRDER ale Wilson is hereby ap	pointed for the	above-mentioned	
				11:1:1000		
Date			Jı	Judicial Officer		

MANDATORY JC-E-306 Adopted: 06/01/2001 Revised: 03/15/2022