ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, Address, Telephone No.)* ATTORNEY FOR *(Name):* Bar No:	*FOR COURT USE ONLY*
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE JUSTICE CENTER: ☐ Central ☐ Harbor ☐ Lamoreaux ☐ North ☐ South ☐ West STREET ADDRESS: P.O. BOX: CITY AND ZIP CODE:	
PLAINTIFF / PETITIONER: DEFENDANT / RESPONDENT:	
CERTIFICATE OF INABILITY TO RESPOND Over $25,000	CASE NUMBER: Judge: Dept.:

I certify that I am attorney for _____,

a named defendant/cross-defendant in this case and further that I cannot, with due diligence, answer or otherwise respond in this case as of this date and I will file responsive pleading on or before *(specify date)* _____, for the following specific/detailed reasons: _____

_____

_____

_____

_____

_____

_____

_____

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

Date:_____

_____ _____

PRINT OR TYPE NAME SIGNATURE

REQUEST: GRANTED _____ TO _____

DENIED _____

Date: _____ _____

Judge/Commissioner