

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and Address)</i> : _____ ATTORNEY FOR <i>(Name)</i> : NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	TELEPHONE NO.:	FOR COURT USE ONLY
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)