

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF CONTRA COSTA 751 PINE STREET P.O. BOX 911 MARTINEZ, CA 94553	
PETITIONER: _____	
RESPONDENT: _____	CASE NUMBER: _____
APPLICATION AND ORDER AUTHORIZING DUPLICATE ORIGINAL (CCP § 1045)	

I, _____, declare as follows:

1. I am 18 years or older and am the (check one): Petitioner Respondent Other Party
 Attorney for Petitioner Attorney for Respondent or Attorney for Other party, in this action.
2. On ____ / ____ / 20____, the original version of the attached document, _____
_____ (title of document), was previously filed with the Court.
3. It has come to my attention that the original is lost and no longer able to be found in the Court file.
Therefore, I am requesting that the Court authorize that the attached copy be filed in lieu of the original.

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

Date: _____ Date: _____
Petitioner / Respondent / Other Party Attorney for Petitioner / Respondent / Other Party

THE COURT ORDERS: the attached copy shall be filed with the Court in lieu of the original.

Date: _____

Judge of the Superior Court