

ATTORNEY OR PARTY WITHOUT ATTORNEY(Name, State Bar Number, and address)		FOR COURT USE ONLY
TELEPHONE NO.: _____ FAX NO: (Optional) _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO UNIFIED FAMILY COURT 400 MCALLISTER STREET, ROOM 402 SAN FRANCISCO, CA 94102 (415) 551-3900		
CHILD'S NAME		CASE NUMBER
JOINDER IN DISCOVERY REQUEST (WI 300)		
TO: OFFICE OF THE CITY ATTORNEY DEPARTMENT OF CHILD & FAMILY SERVICES 1390 MARKET STREET SAN FRANCISCO, CA 94102 FAX: (415) 557-6939		FROM: NAME: AGENCY: ADDRESS: CITY, STATE, ZIP CODE:

The minor(s) name is:

I represent:

I am Court appointed: Yes No

A Discovery Request was filed by
on _____.

I am joining in that request and should receive all documents produced.

Print Name

Signature

DATE: _____

**FILE ORIGINAL WITH COURT. SEND COPY TO CITY ATTORNEY WITH PROOF OF SERVICE
 (INCLUDE ALL ATTORNEYS OF RECORD)**