

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, and address)		<b>FOR COURT USE ONLY</b>
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	
<b>DISCOVERY REQUEST (WI 300)</b>		
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:

The child welfare worker is:

The parents' names are:

I represent:

I am Court appointed:  Yes  No

The next court appearance is: (specify type of hearing)

The court date is:

PLEASE PRODUCE THE BELOW CHECKED DISCOVERY TO ME.

- Initial Discovery Items  
 Supplemental Discovery Items  
 Supplemental Discovery Items since last production of documents on (date)

COMPLIANCE DATE: (allow a minimum of fourteen 14 days)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

DATE: \_\_\_\_\_

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