You must use black ink to fill out this form.	
Your Name:	
Mailing Address:	
Telephone:Message phone:	
Email:	
NOTE: If for any reason you do not wish the other party to know your physical address, you must still provide a mailing address so that the court and the other party can serve you by mail.	
IN THE SUPERIOR COURT FOR THE AT	
AT	is located
Plaintiff,))))))))))))))))))	
Defendant.) Yo	our Case No
OPPOSITION TO MOTION FOR * *Name of the Motion you are opposing	
,, oppose the <i>Motio</i>	n for the following reasons:
Print your full name here	
I want a hearing on this <i>Opposition/Motion</i> . (Explain why in y	our Affidavit and Memorandum.)
More pages are attached and incorporated by reference.	
have filed the following documents with this <i>Opposition</i> :	
☐ My Affidavit and Memorandum (REQUIRED)	
A proposed <i>Order</i> for the Judge to Sign (REQUIRED)	
Other:	
	our Signature (In blue ink if possible)
certify that ona copy of this <i>Opposition</i> attached as indicated above were \square mailed \square hand delivered to:	and all supporting documents that are
Opposing Party	
Opposing Lawyer	Page 1 of
CSSD/AG CI Other	SHC-1303 (1/16)
Your signature:	OPPOSITION Civ. R 77(c)