Case No. \_\_\_\_\_\_\_

**IMMEDIATE STAY REQUESTED**

[INSERT NATURE AND DATE OF THE PROCEEDING OR ACT SOUGHT TO BE STAYED]

|  |
| --- |
| **IN THE COURT OF APPEAL OF THE STATE OF CALIFORNIA** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**APPELLATE DISTRICT** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  
*Petitioner*,

v.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,   
*Respondent*,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,   
*Real Party in Interest*.

|  |
| --- |
| **DECLARATION OF [ATTORNEY FULL NAME] IN SUPPORT OF PETITION FOR WRIT OF MANDATE, PROHIBITION, CERTIORARI, AND/OR OTHER APPROPRIATE RELIEF** |

Related Appeal Pending

On Review of the Superior Court of California, County of \_\_\_\_\_\_\_\_\_\_\_\_\_

Case No. \_\_\_\_\_\_\_\_\_\_\_\_\_  
The Honorable \_\_\_\_\_\_\_\_\_\_\_\_\_, Judge, Dept. \_\_\_\_

Telephone: [Superior Court Telephone Number]

[Attorney Name] (SBN \_\_\_\_\_\_)

[Attorney Name[ (SBN \_\_\_\_\_\_)

[LAW FIRM OR ORGANIZATION]

[mailing address]

Telephone: [phone number]

Facsimile: [fax number]

[Attorney Email]

[Attorney Email]

Attorneys for Petitioner,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, [ATTORNEY FULL NAME], declare that I am over the age of eighteen and competent to testify to the following:

1. I am an attorney at law licensed to practice before all courts of the State of California and an attorney at [Law Firm or Organization].
2. I serve as counsel of record for Petitioner [Petitioner Full Name] (“[Petitioner First Name]”) in the above-captioned case.
3. [Law Firm or Organization], by and through attorney [Attorney Full Name], represents [Petitioner First Name] in the above-captioned case pending in this Court. Respondent is the [County Name] County Superior Court (“Respondent Court”) that heard the underlying action [insert case name], [County Name] County Superior Court Case No. [insert case number].
4. I have personal knowledge of the matters set forth herein and could and would testify competently thereto.
5. On [insert date], I requested by email the Reporter’s Transcript of proceedings held on [insert date] in Respondent Court from [Court Reporter Name], Certified Shorthand Reporter No. [insert number].
6. On [insert date], I sent payment for the Reporter’s Transcript by [insert payment method]. [Court Reporter Name] confirmed receipt of my payment on [insert date].
7. Based on [Court Reporter Name]’s turnaround estimate, I expect to receive the requested Reporter’s Transcript on or around [insert date]. I will file the Reporter’s Transcript with this Court immediately upon receiving it from [Court Reporter Name].

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

Executed on MONTH DAY, YEAR, at CITY, STATE.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATTORNEY FULL NAME