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 IMPERIAL	
650 Wake Avenue, El Centro, CA 92243	
939 West Main Street, El Centro, CA 92243 2124 Winterhaven Drive, Winterhaven, CA 92283	
2124 Winternaven Drive, Winternaven, CA 92283	┪
PETITIONER:	
RESPONDENT/DEFENDANT:	
OTHER PARENT:	CASE NUMBER:
REQUEST AND ORDER TO CORRECT PARTY NAME AND CASE CAPTION	G.B.J. (CABLA)
This form may be used to request a correction to a party's legal name the case caption as listed on the Court index. THIS FORM CANNOT A LEGAL NAME. To request restoration of a former name following	BE USED TO REQUEST A CHANGE TO
use the Ex Parte Application for Restoration of Former Name after En#FL-395).	
Petition/Complaint filed onnamed □ petitioner □ res	spondent/defendant
as whereas	pondeng derendant
□ petitioner's □ respondent's/defendant's legal name is	·
☐ Petitioner ☐ Respondent/Defendant hereby requests that the court's ca	se management system and the case caption as
listed on the Court Index be updated to reflect \square petitioner's \square responden	nt's/defendant's legal name.
I declare under penalty of perjury under the laws of the State of California	that the foregoing is true and correct:
Date:	
Type or print name	Signature
ORDER	
☐ The request is GRANTED. The clerk will update the case management	system and case caption on the Court Index to
reflect petitioner's respondent's legal name of	
☐ The request is DENIED for the following reason(s):	
Other:	
IT IS SO ORDERED.	
Date	
Date:	Judge/Commissioner of the Superior Court