

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081	
PLAINTIFF PEOPLE OF THE STATE OF CALIFORNIA	
DEFENDANT	SUPERIOR COURT CASE NUMBER
DECLARATION OF PERFORMED TASKS (DEATH PENALTY)	DA CASE NUMBER

This declaration must be filed within 30 days of receipt.

- I declare under penalty of perjury that one of the following was performed:
- I have performed the required tasks.
 - The required tasks were performed by _____ under my supervision.

And

- I am satisfied with the court record and reporter's transcript and do not request a hearing.

Or

- I request a hearing regarding the attached list of corrections/additions to the record.

Or

- Attached is a request for extension of time.

Date: _____

Signature of Attorney

cc: Court Reporter Supervisor
 Legal Services
 Supervisor of Appeals