

NAME, ADDRESS, AND TELEPHONE NUMBER OF PARTY:	RESERVED FOR CLERK'S FILE STAMP
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN JOAQUIN</b>	
BRANCH NAME: CITY AND ZIP CODE:	
PLAINTIFF:  DEFENDANT:	
<b>Declaration of Exemption</b>	CASE NUMBER:

This matter shall be deemed exempt from Local Rule 3-102(A)(5), Administration of General Civil Litigation, for the following reason:

- Plaintiff certifies that this is an uninsured motorist claim.
- Plaintiff certifies that this is an eminent domain case.

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

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_  
Signature of attorney or party without an attorney