



I CERTIFY that I \_\_\_ mailed, \_\_\_ telefaxed and mailed, or \_\_\_ hand delivered a copy of this Motion on \_\_\_\_\_ to:Attorney for opposing party/Pro se party at the name and address, telefax number below:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telefax No. \_\_\_\_\_

This form was completed with the assistance of:

Name:

Address:

Telephone Number: