ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Omar Raul S errato 295975	FOR COURT USE ONLY
The Eagle Law Firm	
TELEPHONE NO. (Optional):	ELECTRONICALLY
E-MAIL ADDRESS (Optional):	FILED
ATTORNEY FOR (Name): MICHAEL MATTACCINI	Superior Court of California, County of San Francisco
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Francisco	
STREET ADD RESS: 400 Mc A lister St. MAILING ADDRESS:	09/18/2025 Clerk of the Court
CITY AND ZIP CODE: San Francisco 94102	BY: GABRIEL WRIGHT
BRANCH NAME: Civic Center Courthouse	Deputy Clerk
PETITIONER/PLAINTIFF: Laura Owens	CASE NUMBER:
RESPONDENT/DEFENDANT: Michael Marracini	FDV-18-813693
OTHER PARENT/PARTY:	(Ifapplicable, provide):
	HEARING DATE:
PROOF OF SERVICE BY MAIL	HEARING TIME:
	DEPT.:
NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).	
1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took	
place.	
2. My residence or business address is:	
2. My residence of business address is.	
I served a copy of the following documents (specify):	
Response to Request to Renew Restraining Order Motion to Disqualify Counsel	
3. Opposition to Petitioner's motion to Proceed by Declaration and Waive Live Testiomony	
o. opposition to retriance of motion are recently decided and wave live restronory	
by enclosing them in an envelope AND	
a. depositing the sealed envelope with the United States Postal Service with the postage fully prepaid.	
b. placing the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary	
business practices, I am readily familiar with this business's practice for collecting and processing correspondence for	
mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.	
•	with postage rully prepald.
The envelope was addressed and mailed as follows:	
a. Name of person served: Laura Owens	
b. Address Scottsdale, AZ 85354	
c. Date mailed: 09/02/2025	
d. Place of mailing (city and state): San Bernardino, CA	
 I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. (Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order (form FL-334) may be used for this purpose.) 	
6. I declare under penalty of perjury under the laws of the State of California that t	he foregoing is true and correct.
Date: 09/18/2025	
Joseph Esquado	elyn Esqueda
Jocelyn Esqueda (TYPE OR PRINT NAME)	