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| FORMULARIO INICIO DEMANDA -FUERO LABORAL -Anexo II- | | | | | | |
| ***ACTOR/ES*** | | | | | | |
| ***Nº DE PODER*** | | ***APELLIDO Y NOMBRES*** | | | | ***DNI*** |
| **1** |  |  | | | |  |
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| ***DEMANDADO/S*** | | | | | | |
| ***APELLIDO Y NOMBRE O DENOMINACION SOCIAL*** | | | | | | |
| **1** |  | | | | | |
| **2** |  | | | | | |
| **3** |  | | | | | |
| **4** |  | | | | | |
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| ***PATROCINANTE*** | | | | | | |
| ***APELLIDO Y NOMBRE*** | | |  | | | |
| ***Tº:*** | | ***Fº:*** | | ***MATRICULA:*** | | |
|  | | | | | | |
| ***APODERADO*** | | | | | | |
| ***APELLIDO Y NOMBRE:*** | | |  | | | |
| ***Tº:*** | | ***Fº:*** | | ***MATRICULA:*** | | |
|  | |  | | | | |
| ***OBJETO*** | | ***CODIGO:*** | | | | |
| ***MONTO*** | | ***$:*** | | | | |
| ***PREVINO JUZGADO Nº:*** | | | | | ***EXPTE. Nº:*** | |

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| ***DOMICILIO CONSTITUIDO POR LA ACTORA:*** | | | | | | | |
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| ***DOMICILIO DEL/LOS DEMANDADO/S:*** | | | | | | | |
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