




PLAINTIFF: DEFENDANT: OTHER:	CASE NUMBER:
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**NOTICE TO PARTY:** Your attorney has filed this *Application to Be Relieved as Attorney on Completion of Limited Scope Representation* with the court stating that he or she no longer represents you in this action because the tasks that you agreed the attorney would perform for you have been completed.

If you do not agree that these tasks have been completed and you want the attorney to continue to represent you until the tasks are completed, you must file an *Objection to Application to Be Relieved as Attorney on Completion of Limited Scope Representation* (form CIV-152) with the court within 15 calendar days of the date that this notice was served on you, asking the court to require the attorney to remain your attorney in the action until these tasks are completed. If you were served with this notice by mail, you must file the *Objection* (form CIV-152) within 20 days of the date you were served. You must also serve this objection on your attorney and any other parties in the case. If you do not file a form CIV-152, the court will grant your attorney's request to be relieved as counsel.

Please refer to the *Proof of Service* to determine the date that this application was served on you. (If this form was served by mail in California, the date of service is 5 days after the date of mailing.)

This procedure may be used **ONLY** if you believe that the attorney has not completed the tasks that he or she agreed to perform for you. It is **NOT** to be used to resolve other disagreements you may have with the attorney, such as disagreements concerning fees.



**Requests for Accommodations**  
 Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the proceeding. Contact the clerk's office or go to [www.courts.ca.gov/forms](http://www.courts.ca.gov/forms) for *Request for Accommodations by Persons With Disabilities and Response* (form MC-410). (Civ. Code, § 54.8.)

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Date:

\_\_\_\_\_

(TYPE OR PRINT NAME OF ATTORNEY)

▶

\_\_\_\_\_

(SIGNATURE OF ATTORNEY)

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**PROOF OF SERVICE BY FIRST-CLASS MAIL**

1. I am at least 18 years old and **not a party to this action**. I am a resident of or employed in the county where the mailing took place, and my residence or business address is *(specify)*:
  
2. I served copies of the *Application to Be Relieved as Attorney on Completion of Limited Scope Representation* and a blank *Objection to Application to Be Relieved as Attorney on Completion of Limited Scope Representation* by enclosing each of them in a sealed envelope with postage fully prepaid and *(check one)*:
  - a.  deposited the sealed envelopes with the United States Postal Service.
  - b.  placed the sealed envelopes for collection and processing for mailing, following this business's usual practices, with which I am readily familiar. On the same day correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service.
  
3. The *Application to Be Relieved as Attorney on Completion of Limited Scope Representation* and a blank *Objection to Application to Be Relieved as Attorney on Completion of Limited Scope Representation* were mailed:
  - a. on *(date)*:
  - b. from *(city and state)*:
  
4. The envelopes were addressed and mailed as follows:
 

<ol style="list-style-type: none"> <li>a. Name of person served:</li> <li>Street address:</li> <li>City:</li> <li>State and zip code:</li> </ol>	<ol style="list-style-type: none"> <li>c. Name of person served:</li> <li>Street address:</li> <li>City:</li> <li>State and zip code:</li> </ol>
<ol style="list-style-type: none"> <li>b. Name of person served:</li> <li>Street address:</li> <li>City:</li> <li>State and zip code:</li> </ol>	<ol style="list-style-type: none"> <li>d. Name of person served:</li> <li>Street address:</li> <li>City:</li> <li>State and zip code:</li> </ol>

Names and addresses of additional persons served are attached. *(You may use form POS-030(P).)*

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME OF DECLARANT)

▶ \_\_\_\_\_  
(SIGNATURE OF DECLARANT)