

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF: DEFENDANT: OTHER:	CASE NUMBER:
OBJECTION TO APPLICATION TO BE RELIEVED AS ATTORNEY ON COMPLETION OF LIMITED SCOPE REPRESENTATION	JUDGE: DEPT.:
Hearing date:	Time: Dept.: Room:

[Note: This form is for use in civil cases other than family law. In family law cases, use form FL-956.]

1. I am the plaintiff/petitioner defendant/respondent other (describe):
in this case.
2. I do not believe that all the services that my attorney agreed to do for me are completed.
3. I request that the court not allow my attorney to withdraw from representation until those services have been completed. The services that were agreed on that remain to be completed are (specify):

The reason that I think these tasks are supposed to be completed is (explain):

Continued in Attachment 3.

NOTICE

If you object to your attorney's *Application to Be Relieved as Attorney on Completion of Limited Scope Representation* (form CIV-151), you must file this objection with the clerk of the court where the application was filed within 20 days of the day that the application was put in the mail to you. If you were personally served, you have to file this form 15 days from the day you were served. That date is on the proof of service at the end of the application (form CIV-151). Also, you must have the attorney and any other parties in the case served with this *Objection* (form CIV-152). A blank proof of service is on the back of this form.

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

Date:

_____ _____

(TYPE OR PRINT NAME OF PARTY)

(SIGNATURE OF PARTY)

PLAINTIFF: DEFENDANT: OTHER:	CASE NUMBER:
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PROOF OF SERVICE BY FIRST-CLASS MAIL

(NOTE: You cannot serve the Objection to Application to Be Relieved as Attorney on Completion of Limited Scope Representation if you are a party in the action. The person who served the Notice of Limited Scope Representation must complete this proof of service.)

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 *Objection to Application to Be Relieved as Attorney on Completion of Limited Scope Representation* (form CIV-152) by enclosing each of them in a sealed envelope with first-class 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. Copies of the *Objection to Application to Be Relieved as Attorney on Completion of Limited Scope Representation* (form CIV-152) 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"> a. Name of person served: Street address: City: State and zip code: 	<ol style="list-style-type: none"> c. Name of person served: Street address: City: State and zip code:
<ol style="list-style-type: none"> b. Name of person served: Street address: City: State and zip code: 	<ol style="list-style-type: none"> d. Name of person served: Street address: City: State and zip code:

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)