


ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar number, and address</i> ):  TELEPHONE NO.: _____ FAX NO. ( <i>Optional</i> ): _____ E-MAIL ADDRESS ( <i>Optional</i> ): _____ ATTORNEY FOR ( <i>Name</i> ): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER:  DEFENDANT/RESPONDENT:	
<b>NOTICE OF TERMINATION OR MODIFICATION OF STAY</b>	CASE NUMBER:
	DEPT.:
<b>NOTICE OF TERMINATION OR MODIFICATION OF STAY</b>	JUDICIAL OFFICER:

**To the court and all parties:**

1. A *Notice of Stay of Proceedings* was filed in this matter on (*date*):
2. Declarant named below is
  - a.  the party  the attorney for the party who requested or caused the stay.
  - b.  other (*describe*):
3.  The stay described in the above referenced *Notice of Stay of Proceedings*
  - a.  has been vacated by an order of another court. (*Attach a copy of the court order.*)
  - b.  is no longer in effect.
4.  The stay has been modified (*describe*):
  
5. The stay has been vacated, is no longer in effect, or has been modified
  - a.  with regard to all parties.
  - b.  with regard to the following parties (*specify by name and party designation*):

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

Date:

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

PLAINTIFF:  DEFENDANT:	CASE NUMBER:
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**PROOF OF SERVICE BY FIRST-CLASS MAIL  
NOTICE OF TERMINATION OR MODIFICATION OF STAY**

**(NOTE: You cannot serve the Notice of Termination or Modification of Stay if you are a party in the action. The person who served the notice 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 a copy of the *Notice of Termination or Modification of Stay* by enclosing it in a sealed envelope with postage fully prepaid and *(check one)*:
  - a.  deposited the sealed envelope with the United States Postal Service.
  - b.  placed the sealed envelope 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 *Notice of Termination or Modification of Stay* was mailed:
  - a. on *(date)*:
  - b. from *(city and state)*:
  
4. The envelope was addressed and mailed as follows:
 

a. Name of person served:  Street address:  City:  State and zip code:	c. Name of person served:  Street address:  City:  State and zip code:
b. Name of person served:  Street address:  City:  State and zip code:	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 is true and correct.

Date:

_____ (TYPE OR PRINT NAME OF DECLARANT)	_____ (SIGNATURE OF DECLARANT)
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