

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 CASE NUMBER: JUDICIAL OFFICER: DEPARTMENT:
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:		
WITHDRAWAL OF CONSENT TO ELECTRONIC SERVICE		
Notice: This form may not be used for mandatory electronic service required by local rule or court order.		

1. The following self-represented party or the attorney for:

- a. plaintiff (name):
- b. defendant (name):
- c. petitioner (name):
- d. respondent (name):
- e. other (describe and name):

withdraws consent to electronic service of notices and documents in the above-captioned action.

2. The mailing address for service on the person identified in item 1 is (specify):

Street:

City:

State: Zip:

3. All notices and documents in the above-captioned action must be served on the person identified in item 1 at the address in item 2 as of (date):

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF PARTY OR ATTORNEY)

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
------------------------------------------------	--------------

(Note: *If you serve Withdrawal of Consent to Electronic Service by mail, you should use form POS-030, Proof of Service by First-Class Mail–Civil, instead of using this page.*)

PROOF OF ELECTRONIC SERVICE
WITHDRAWAL OF CONSENT TO ELECTRONIC SERVICE

1. I am at least 18 years old.

My residence or business address is (*specify*):

2. I electronically served a copy of the *Withdrawal of Consent to Electronic Service* as follows:

a. Name of person served:

On behalf of (*name or names of parties represented, if person served is an attorney*):

b. Electronic service address of person served:

c. On (*date*):

Electronic service of the *Withdrawal of Consent to Electronic Service* on additional persons is described in an attachment.

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)