

ATTORNEY: STATE BAR NO.: 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:	
PETITIONER: RESPONDENT: OTHER PARENT/CLAIMANT:	
RESPONSE TO OBJECTION TO PROPOSED NOTICE OF COMPLETION OF LIMITED SCOPE REPRESENTATION	CASE NUMBER:
HEARING DATE: TIME: DEPARTMENT OR ROOM:	

1. I am the limited scope attorney for petitioner respondent other parent/claimant in this case.
2. In response to the *Objection to Proposed Notice of Completion of Limited Scope Representation* (form FL-956) (select one)
 - a. I agree to continue representation.
 - b. I request an order to be relieved as the limited scope attorney in this matter.

Notice: Protect the confidentiality of the communications between you and your client!

Do not attach declarations to the *Response to Objection to Proposed Notice of Completion of Limited Scope Representation* (form FL-957).

If you choose to do so, attach only a copy of the proposed *Notice of Completion of Limited Scope Representation* (form FL-955) that was served on the client. Do not attach or file any other papers that you received or sent to your client about the case. Instead, you may bring the papers or other evidence with you to the court hearing.

Following the hearing on the *Objection*, you must file and serve an *Order on Completion of Limited Scope Representation* (form FL-958) as soon as possible, unless otherwise directed by the court.

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

Date:

 (SIGNATURE OF PERSON SERVING NOTICE)

