

ATTORNEY (Name, State Bar number, and address):   TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT: OTHER:	CASE NUMBER:
<b>REQUEST FOR EXEMPTION FROM MANDATORY ELECTRONIC FILING AND SERVICE</b>	

1. I, *(name of applicant)*: \_\_\_\_\_, request to be exempt from the requirements for electronic  
 filing  service in this case because It would cause undue hardship or significant prejudice for the following reasons:

a.  I do not readily have access to a computer with Internet access.

b.  Other *(please specify)*: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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)



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

For your protection and privacy, please press the Clear This Form button after you have printed the form.