

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i>  <hr style="width: 20px; margin-left: 0;"/>  TELEPHONE NO.: _____ FAX NO. <i>(Optional)</i> : _____ E-MAIL ADDRESS <i>(Optional)</i> : _____ ATTORNEY FOR <i>(Name)</i> : _____	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER:  DEFENDANT/RESPONDENT:	CASE NUMBER:  JUDICIAL OFFICER:
<b>NOTICE OF CHANGE OF ELECTRONIC SERVICE ADDRESS</b>	DEPT.:

1.  The following party or  the attorney for:
- a.  plaintiff *(name)*:
  - b.  defendant *(name)*:
  - c.  petitioner *(name)*:
  - d.  respondent *(name)*:
  - e.  other *(describe and name)*:

is changing his or her electronic service address for electronic service of notices and documents in the above-captioned action.

- 2. The current electronic service address of the person identified in item 1 is *(specify)*:
- 3. The new electronic service address of the person identified in item 1 is *(specify)*:
- 4. All notices and documents regarding the action should be sent to the new electronic service address as of *(date)*:

Date:

\_\_\_\_\_  
 (TYPE OR PRINT NAME)

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\_\_\_\_\_  
 (SIGNATURE OF PARTY OR ATTORNEY)

CASE NAME:	CASE NUMBER:
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**PROOF OF ELECTRONIC SERVICE  
NOTICE OF CHANGE OF ELECTRONIC SERVICE ADDRESS**


- 1. I am at least 18 years old and not a party to this action.
  - a. My residence or business address is *(specify)*:
  
  - b. My electronic service address is *(specify)*:
  
- 2. I electronically served a copy of the *Notice of Change of Electronic Service Address* 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)*:
  
  - d. At *(time)*:

Electronic service of the *Notice of Change of Electronic Service Address* 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)