

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:	
NOTICE OF LIMITED SCOPE REPRESENTATION <input type="checkbox"/> AMENDED	CASE NUMBER:

1. Attorney (name):
and party (name):
have an agreement that attorney will provide limited scope representation to the party.

2. The attorney will represent the party as follows:
 - At the hearing on (date): _____ and for any continuance of that hearing
 - Until resolution of the issues checked on this form by trial or settlement
 - Other (specify duration of representation): _____

 - Submitting to the court an order after hearing or judgment is not within the scope of the attorney's representation.

3. Attorney will serve as "attorney of record" for the party **only** for the following issues in the case:
 - a. Child custody and visitation (parenting time): (1) Establish (2) Enforce (3) Modify (specify): _____

 - b. Child support: (1) Establish (2) Enforce (3) Modify (describe in detail): _____

 - c. Spousal or domestic partner support: (1) Establish (2) Enforce (3) Modify (describe in detail): _____

 - d. Restraining order: (1) Establish (2) Enforce (3) Modify (describe in detail): _____

 - e. Division of property (describe in detail): _____

PETITIONER: RESPONDENT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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3. f. Pension issues (*describe in detail*):

g. Contempt (*describe in detail*):

h. Other (*describe in detail*):

i. See attachment 3i.

4. **By signing this form, the party agrees to sign *Substitution of Attorney—Civil* (form MC-050) when the representation is completed.**

5. The attorney named above is "attorney of record" and available for service of documents only for those issues specifically checked on pages 1 and 2. For all other matters, the party must be served directly. The party's name, address, and phone number are listed below for that purpose.

Name:

Address (*for the purpose of service*):

Phone:

Fax Number:

This notice accurately sets forth all current matters on which the attorney has agreed to serve as "attorney of record" for the party in this case. The information provided in this document is not intended to set forth all of the terms and conditions of the agreement between the party and the attorney for limited scope representation.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF PARTY)

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF ATTORNEY)

PETITIONER: RESPONDENT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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PROOF OF SERVICE: **PERSONAL SERVICE** **MAIL** **OVERNIGHT DELIVERY** **ELECTRONIC SERVICE**

1. At the time of service, I was at least 18 years of age and **not a party to this legal action** (not applicable to electronic service).
2. I served a copy of *Notice of Limited Scope Representation* (form FL-950) as follows:

- a. **Personal service.** The document listed above was given to
 - (1) Name of person served:
 Address where served:
 Date served:
 Time served:
 - (2) Name of person served:
 Address where served:
 Date served:
 Time served:
- b. **Mail.** I placed a copy of the form listed above in the U.S. mail, in a sealed envelope with postage fully prepaid. The envelope was addressed and mailed as indicated below. I live or work in the county where the form was mailed.
 - (1) Name of person served:
 Address where served:
 Date of mailing:
 Place of mailing (*city and state*):
 - (2) Name of person served:
 Address where served:
 Date of mailing:
 Place of mailing (*city and state*):
- c. **Overnight delivery.** I placed a copy of the form listed above in a sealed envelope, with Express Mail postage fully prepaid, and deposited it in a post office mailbox, subpost office, substation, mail chute, or other like facility maintained by the U.S. Postal Service for receipt of Express Mail. The envelope was addressed and mailed as indicated below. I live or work in the county where the form was deposited for overnight delivery.
 - (1) Name of person served:
 Address where served:
 Date of mailing:
 Place of mailing (*city and state*):
 - (2) Name of person served:
 Address where served:
 Date of mailing:
 Place of mailing (*city and state*):
- d. **Electronic service.** I electronically served the document listed above as described in the attached proof of electronic service *Proof of Electronic Service* () may be used for this purpose).

3. Server's information

- a. Name:
- b. Home or work address:
- c. Telephone number:

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

Date:

_____ (TYPE OR PRINT NAME)		_____ (SIGNATURE OF PERSON SERVING NOTICE)
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