

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:	
ORDER ON COMPLETION OF LIMITED SCOPE REPRESENTATION	CASE NUMBER:

1. The proceeding on the party's (name): _____ objection to the attorney's (name): _____ proposed *Notice of Completion of Limited Scope Representation* (form FL-955) was heard

a. on (date): _____ at (time): _____ in Dept.: _____ Room: _____
 by Judge (name): _____ Temporary Judge

b. The following persons were present at the hearing:
 Petitioner Attorney (name): _____
 Respondent Attorney (name): _____
 Other Parent/Claimant Attorney (name): _____

2. THE COURT FINDS

- a. The attorney demonstrated that he or she has completed the services that the party and attorney agreed that the attorney would perform in the *Notice of Limited Scope Representation* (form FL-950).
- b. The party demonstrated that the attorney has not completed the services that the party and the attorney agreed would be performed in the *Notice of Limited Scope Representation* (form FL-950).
- c. Other (specify): _____

3. THE COURT ORDERS

- a. The attorney is relieved as attorney of record for the party/client.
- b. The request of the attorney to be relieved of limited scope representation is denied.
 - (1) effective immediately.
 - (2) effective upon the filing of the proof of service of this signed order on the client.
 - (3) effective on (specify date): _____
- c. The court further orders (specify): _____
- d. All legal documents and notices must be served directly on the party using the following address or contact information:
 Mailing address: _____
 Telephone number: _____ E-mail address: _____
- e. The attorney must serve copies of this order on the parties and their attorneys of record and file the proof of service with the court.

Date: _____ JUDGE OF THE SUPERIOR COURT

NOTICE TO PARTY/CLIENT: If the court relieved the limited scope attorney as your attorney of record, **you now represent yourself in the case.** You may wish to seek other legal counsel to represent you. You must keep the court and the other parties in your case informed of your current mailing address and contact information. You may use *Notice of Change of Address or Other Contact Information* (form MC-040) for this purpose.

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 *Order on Completion of Limited Scope Representation* (form FL-958) 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* ([form POS-050](#)) 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)