

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>): <hr style="width: 10%; margin-left: 0;"/> TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	
NOTICE OF WITHDRAWAL OF ATTORNEY OF RECORD	CASE NUMBER:

1. In accordance with the provisions of section 285.1 of the Code of Civil Procedure, I withdraw as Attorney of Record for:
 Petitioner Respondent

2. The final judgment of dissolution, legal separation, nullity, parentage, or postjudgment order was entered on (*specify date*):
 and no motions or other proceedings are pending at this time.

3. The last known address for the Petitioner Respondent is:

4. The last known telephone number for the Petitioner Respondent is:

5. I mailed a copy of this *Notice of Withdrawal* to Petitioner Respondent at the address set forth in item 3.

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)

WARNING
This form may not be used after a status-only judgment.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	CASE NUMBER:
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PROOF OF SERVICE BY PERSONAL SERVICE MAIL

1. At the time of service I was at least 18 years of age and **not a party to this legal action.**
2. I served a copy of the *Notice of Withdrawal of Attorney of Record* as follows (check either a. or b. below):
 - a. **Personal service.** I personally delivered the *Notice of Withdrawal of Attorney of Record* as follows:
 - (1) Name of person served:
 - (2) Address where served:
 - (3) Date served:
 - (4) Time served:
 - b. **Mail.** I deposited the *Notice of Withdrawal of Attorney of Record* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed and mailed as follows:
 - (1) Name of person served:
 - (2) Address:
 - (3) Date of mailing:
 - (4) Place of mailing (*city and state*):
 - (5) I am a resident of or employed in the county where the *Notice* was mailed.
 - c. My residence or business address is (*specify*):
 - d. My phone number is (*specify*):

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 PERSON SERVING NOTICE)