

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT: OTHER:	CASE NUMBER:
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PROOF OF SERVICE BY FIRST-CLASS MAIL

(NOTE: You cannot serve the Objection to Application to Be Relieved as Attorney on Completion of Limited Scope Representation if you are a party in the action. The person who served the Notice of Limited Scope Representation must complete this proof of service.)

1. I am at least 18 years old and **not a party to this action**. I am a resident of or employed in the county where the mailing took place, and my residence or business address is *(specify)*:

2. I served copies of the *Objection to Application to Be Relieved as Attorney on Completion of Limited Scope Representation* (form MC-956) by enclosing each of them in a sealed envelope with first-class postage fully prepaid and *(check one)*:
 - a. deposited the sealed envelopes with the United States Postal Service.
 - b. placed the sealed envelopes for collection and processing for mailing, following this business's usual practices, with which I am readily familiar. On the same day correspondence is paced for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service.

3. Copies of the *Objection to Application to Be Relieved as Attorney on Completion of Limited Scope Representation* (form MC-956) were mailed:
 - a. on *(date)*:
 - b. from *(city and state)*:

4. The envelopes were addressed and mailed as follows:

<ol style="list-style-type: none"> a. Name of person served: Street address: City: State and zip code: 	<ol style="list-style-type: none"> c. Name of person served: Street address: City: State and zip code:
<ol style="list-style-type: none"> b. Name of person served: Street address: City: State and zip code: 	<ol style="list-style-type: none"> d. Name of person served: Street address: City: State and zip code:

Names and addresses of additional persons served are attached. *(You may use form POS-030(P).)*

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Date:

(TYPE OR PRINT NAME OF DECLARANT)



(SIGNATURE OF DECLARANT)