ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*

TELEPHONE NO.: FAX NO. *(Optional):*

E-MAIL ADDRESS *(Optional):*

ATTORNEY FOR *(Name):*

COURT OF APPEAL, _____ APPELLATE DISTRICT, DIVISION ____

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

CASE NAME:

SUBSTITUTION OF ATTORNEY—CIVIL (Without Court Order)

CASE NUMBER:

THE COURT AND ALL PARTIES ARE NOTIFIED THAT *(name)*: makes the following substitution:

1. **Former legal representative** ☐ Party represented self ☐ Attorney *(name)*:
2. **New legal representative** ☐ Party is representing self* ☐ Attorney
   a. Name: b. State Bar No. *(if applicable)*:
   c. Address *(number, street, city, ZIP, and law firm name, if applicable)*:
   d. Telephone No. *(include area code)*:
3. The party making this substitution is a ☐ plaintiff ☐ defendant ☐ petitioner ☐ respondent ☐ other *(specify)*:

***NOTICE TO PARTIES APPLYING TO REPRESENT THEMSELVES**

- **Guardian**
- **Conservator**
- **Trustee**
- **Personal Representative**
- **Probate fiduciary**
- **Corporation**
- **Guardian ad litem**
- **Unincorporated association**

If you are applying as one of the parties on this list, you may NOT act as your own attorney in most cases. Use this form to substitute one attorney for another attorney. SEEK LEGAL ADVICE BEFORE APPLYING TO REPRESENT YOURSELF.

NOTICE TO PARTIES WITHOUT ATTORNEYS

A party representing himself or herself may wish to seek legal assistance. Failure to take timely and appropriate action in this case may result in serious legal consequences.

4. I consent to this substitution.
   Date:

(TYPE OR PRINT NAME) ▶ (SIGNATURE OF PARTY)

5. ☐ I consent to this substitution.
   Date:

(TYPE OR PRINT NAME) ▶ (SIGNATURE OF FORMER ATTORNEY)

6. ☐ I consent to this substitution.
   Date:

(TYPE OR PRINT NAME) ▶ (SIGNATURE OF NEW ATTORNEY)

(See reverse for proof of service by mail)

CASE NAME:	CASE NUMBER:

PROOF OF SERVICE BY MAIL
Substitution of Attorney—Civil

Instructions: *After having all parties served by mail with the Substitution of Attomey—Civil, have the person who mailed the document complete this Proof of Service by Mail. An unsigned copy of the Proof of Service by Mail should be completed and served with the document. Give the Substitution of Attorney—Civil and the completed Proof of Service by Mail to the clerk for filing. If you are representing yourself, someone else must mail these papers and sign the Proof of Service by Mail.*

1. I am over the age of 18 and **not a party to this cause.** I am a resident of or employed in the county where the mailing occurred. My residence or business address is *(specify)*:

2. I served the Substitution of Attorney—Civil by enclosing a true copy in a sealed envelope addressed to each person whose name and address is shown below and depositing the envelope in the United States mail with the postage fully prepaid.

   (1) Date of mailing: (2) Place of mailing *(city and state)*:

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)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

4. a. Name of person served:
   b. Address *(number, street, city, and ZIP)*:

   c. Name of person served:
   d. Address *(number, street, city, and ZIP)*:

   e. Name of person served:
   f. Address *(number, street, city, and ZIP)*:

   g. Name of person served:
   h. Address *(number, street, city, and ZIP)*:

   i. Name of person served:
   j. Address *(number, street, city, and ZIP)*:

☐ List of names and addresses continued in attachment.

Print This Form

For your protection and privacy, please press the Clear This Form button after you have printed the form.

Clear This Form