ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (*name*): STATE BAR NUMBER:	*FOR COURT USE ONLY*
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF: DEFENDANT: OTHER:	CASE NUMBER:
NOTICE OF LIMITED SCOPE REPRESENTATION ☐ Amended	JUDGE: DEPT.:

[Note: This form is for use in civil cases other than family law. For family law cases, use form FL-950.]

1. Attorney *(name):*
   and party *(name):*
   who is the ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other *(describe):*
   have an agreement that the attorney will provide limited scope representation in this case to the party.

2. The attorney will represent the party
   a. ☐ at the hearing on *(date):*
      ☐ and at any continuance of that hearing
      ☐ until submission of the order after hearing

   b. ☐ at the trial on *(date):*
      ☐ and at any continuance of that trial
      ☐ until judgment

   c. ☐ other *(specify nature and duration of representation):*

3. By signing this form, the party agrees to sign *Substitution of Attorney–Civil* (form MC-050) at the completion of the representation described above.

PLAINTIFF: DEFENDANT: OTHER:	CASE NUMBER:

4. During the limited scope representation, parties and the court must serve papers on both the attorney named above and directly on the party. (Cal. Rules of Court, rule 3.36.) The party's name and address for purpose of service are as follows:

   Name:

   Address *(for the purpose of service):*

   Telephone:

   Fax:

This notice accurately states all current matters and issues on which the attorney has agreed to serve as an attorney for the party in this case. The information provided on this form is not intended to state all of the terms and conditions of the agreement between the party and the attorney for limited scope representation.

Date:

(TYPE OR PRINT NAME OF PARTY)

(SIGNATURE OF PARTY)

Date:

(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

PLAINTIFF: DEFENDANT: OTHER:	CASE NUMBER:

PROOF OF SERVICE BY FIRST-CLASS MAIL

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 *Notice of Limited Scope Representation* (form CIV-150) 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 placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service.

3. Copies of the *Notice of Limited Scope Representation* (form CIV-150) were mailed:
   a. on *(date):*
   b. from *(city and state):*

4. The envelopes were addressed and mailed as follows:
   a. Name of person served:
      Street address:
      City:
      State and zip code:
   b. Name of person served:
      Street address:
      City:
      State and zip code:
   c. Name of person served:
      Street address:
      City:
      State and zip code:
   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)

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

Print this form Save this form Clear this form