

ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: 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:	CASE NUMBER:
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	JUDICIAL OFFICER:
WITHDRAWAL OF CONSENT TO ELECTRONIC SERVICE	DEPARTMENT:
Notice: This form may not be used for mandatory electronic service required by local rule or court order.	

1. The following self-represented party or the attorney for:
- a. plaintiff *(name)*:
 - b. defendant *(name)*:
 - c. petitioner *(name)*:
 - d. respondent *(name)*:
 - e. other *(describe and name)*:

withdraws consent to electronic service of notices and documents in the above-captioned action.

2. The mailing address for service on the person identified in item 1 is *(specify)*:
- Street:
 City:
 State: Zip:
3. All notices and documents in the above-captioned action must be served on the person identified in item 1 at the address in item 2 as of *(date)*:

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PARTY OR ATTORNEY)

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
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(Note: If you serve Withdrawal of Consent to Electronic Service by mail, you should use form POS-030, Proof of Service by First-Class Mail–Civil, instead of using this page.)

**PROOF OF ELECTRONIC SERVICE
WITHDRAWAL OF CONSENT TO ELECTRONIC SERVICE**

1. I am at least 18 years old.

My residence or business address is (specify):

2. I electronically served a copy of the *Withdrawal of Consent to Electronic Service* as follows:

a. Name of person served:

On behalf of (name or names of parties represented, if person served is an attorney):

b. Electronic service address of person served:

c. On (date):

Electronic service of the *Withdrawal of Consent to Electronic Service* on additional persons is described in an attachment.

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 OF DECLARANT) ▶ (SIGNATURE OF DECLARANT)

