

ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. : _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT: OTHER:	CASE NUMBER:
ORDER OF EXEMPTION FROM ELECTRONIC FILING AND SERVICE	

The court has reviewed the request for exemption and makes the following orders:

1. The court **grants** the request for exemption. The applicant may:
 - file serve all documents in this case in paper form.
2. The court **denies** the request for exemption for the following reason: _____

3. The court needs more information to decide whether to grant the application request. The applicant must appear in court on the date below:

Name and address of court if different from above:



Date: _____ Time: _____
 Dept.: _____ Room: _____

Date:

JUDICIAL OFFICER

Clerk's Certificate of Service

I certify that I am not a party to this action and (check one):

- A certificate of mailing is attached.
- I handed a copy of this order to the applicant listed above, at the court, on the date below.
- This order was mailed first class, postage paid, to the applicant at the address listed above, from (city): _____, California on the date below.

Date:

By: _____

DEPUTY CLERK