

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i>  TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/ PETITIONER: DEFENDANT/ RESPONDENT:	CASE NUMBER:
<b>NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION</b> <b>(Code Civ. Proc., §§ 1985.3,1985.6)</b>	

**NOTICE TO CONSUMER OR EMPLOYEE**

**TO (name):**

1. PLEASE TAKE NOTICE THAT **REQUESTING PARTY (name):**  
 SEEKS YOUR RECORDS FOR EXAMINATION by the parties to this action on *(specify date)*:  
 The records are described in the subpoena directed to **witness (specify name and address of person or entity from whom records are sought)**:  
 A copy of the subpoena is attached.
2. IF YOU OBJECT to the production of these records, YOU MUST DO ONE OF THE FOLLOWING BEFORE THE DATE SPECIFIED. IN ITEM a. OR b. BELOW:
  - a. If you are a party to the above-entitled action, you must file a motion pursuant to Code of Civil Procedure section 1987.1 to quash or modify the subpoena and give notice of that motion to the **witness** and the **deposition officer** named in the subpoena at least five days before the date set for production of the records.
  - b. If you are not a party to this action, you must serve on the **requesting party** and on the **witness**, before the date set for production of the records, a written objection that states the specific grounds on which production of such records should be prohibited. You may use the form below to object and state the grounds for your objection. You must complete the Proof of Service on the reverse side indicating whether you personally served or mailed the objection. The objection should **not** be filed with the court. **WARNING: IF YOUR OBJECTION IS NOT RECEIVED BEFORE THE DATE SPECIFIED IN ITEM 1, YOUR RECORDS MAY BE PRODUCED AND MAY BE AVAILABLE TO ALL PARTIES.**
3. YOU OR YOUR ATTORNEY MAY CONTACT THE UNDERSIGNED to determine whether an agreement can be reached in writing to cancel or limit the scope of the subpoena. If no such agreement is reached, and if you are not otherwise represented by an attorney in this action, YOU SHOULD CONSULT AN ATTORNEY TO ADVISE YOU OF YOUR RIGHTS OF PRIVACY.

Date:

\_\_\_\_\_ ▶ \_\_\_\_\_  
 (TYPE OR PRINT NAME) (SIGNATURE  REQUESTING PARTY  ATTORNEY)

**OBJECTION BY NON-PARTY TO PRODUCTION OF RECORDS**

1.  I object to the production of all of my records specified in the subpoena.
2.  I object only to the production of the following specified records:
3. The specific grounds for my objection are as follows:

Date:

\_\_\_\_\_ ▶ \_\_\_\_\_  
 (TYPE OR PRINT NAME) (SIGNATURE)

(Proof of service on reverse)

PLAINTIFF/ PETITIONER: DEFENDANT/ RESPONDENT:	CASE NUMBER:
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**PROOF OF SERVICE OF NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION**  
 (Code Civ. Proc., §§ 1985.3,1985.6)

**Personal Service**       **Mail**

1. At the time of service I was at least 18 years of age and **not a party to this legal action.**
  2. I served a copy of the *Notice to Consumer or Employee and Objection* as follows (check either a or b):
    - a.  **Personal service.** I personally delivered the *Notice to Consumer or Employee and Objection* as follows:
 

(1) Name of person served:	(3) Date served:
(2) Address where served:	(4) Time served:
    - b.  **Mail.** I deposited the *Notice to Consumer or Employee and Objection* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:
 

(1) Name of person served:	(3) Date of mailing:
(2) Address:	(4) Place of mailing ( <i>city and state</i> ):

(5) I am a resident of or employed in the county where the *Notice to Consumer or Employee and Objection* was mailed.
    - c. My residence or business address is (*specify*):
    - d. My phone number is (*specify*):
- 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 PERSON WHO SERVED)

(SIGNATURE OF PERSON WHO SERVED)

**PROOF OF SERVICE OF OBJECTION TO PRODUCTION OF RECORDS**  
 (Code Civ. Proc., §§ 1985.3,1985.6)

**Personal Service**       **Mail**

1. At the time of service I was at least 18 years of age and **not a party to this legal action.**
  2. I served a copy of the *Objection to Production of Records* as follows (complete either a or b):
    - a. ON THE REQUESTING PARTY
      - (1)  **Personal service.** I personally delivered the *Objection to Production of Records* as follows:
 

(i) Name of person served:	(iii) Date served:
(ii) Address where served:	(iv) Time served:
      - (2)  **Mail.** I deposited the *Objection to Production of Records* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:
 

(i) Name of person served:	(iii) Date of mailing:
(ii) Address:	(iv) Place of mailing ( <i>city and state</i> ):

(v) I am a resident of or employed in the county where the *Objection to Production of Records* was mailed.
    - b. ON THE WITNESS
      - (1)  **Personal service.** I personally delivered the *Objection to Production of Records* as follows:
 

(i) Name of person served:	(iii) Date served:
(ii) Address where served:	(iv) Time served:
      - (2)  **Mail.** I deposited the *Objection to Production of Records* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:
 

(i) Name of person served:	(iii) Date of mailing:
(ii) Address:	(iv) Place of mailing ( <i>city and state</i> ):

(v) I am a resident of or employed in the county where the *Objection to Production of Records* was mailed.
    - c. My residence or business address is (*specify*):
    - d. My phone number is (*specify*):
- 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 PERSON WHO SERVED)

(SIGNATURE OF PERSON WHO SERVED)