

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		CASE NUMBER:
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:		JUDICIAL OFFICER:
<b>WITHDRAWAL OF CONSENT TO ELECTRONIC SERVICE</b>		DEPARTMENT:
<b>Notice: This form may not be used for mandatory electronic service required by local rule or court order.</b>		

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:	CASE NUMBER:
DEFENDANT/RESPONDENT:	

(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:

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(TYPE OR PRINT NAME OF DECLARANT)




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(SIGNATURE OF DECLARANT)