

ATTORNEY: NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NO.:  STATE: ZIP CODE: FAX NO.:	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER: RESPONDENT: OTHER PARENT/CLAIMANT:		
<b>NOTICE OF COMPLETION OF LIMITED SCOPE REPRESENTATION</b> <input type="checkbox"/> Proposed <input type="checkbox"/> Final		CASE NUMBER:

1. In accordance with the terms of an agreement between (name):  petitioner  
 respondent     other party/claimant and myself, I agree to provide limited scope representation.
2. I was retained as attorney of record for the services described in the attached  *Notice of Limited Scope Representation* (form FL-950)     Other (specify): *(Do not include your fee agreement.)*
3. I completed all services within the scope of my representation on (date): \_\_\_\_\_
4. The last known information for the  petitioner     respondent     other party/claimant (for the purpose of service) is  
Mailing address:  
Telephone number:  
E-mail address: \_\_\_\_\_

**NOTICE TO PARTY/CLIENT:**

Your attorney has served this *Notice of Completion of Limited Scope Representation* stating that he or she has completed the tasks that you agreed the attorney would perform. For more information, read *Information for Client About Notice of Completion of Limited Scope Representation* (form FL-955-INFO).

**IF THIS FORM IS MARKED “ PROPOSED”**

You have the right to object if you believe that the attorney has not finished everything that he or she agreed to do. To object, you must do the following:

- (1) Complete the enclosed *Objection to Notice of Completion of Limited Scope Representation* (form FL-956).
- (2) Have the *Objection* served on your limited scope attorney and the other parties in the case by a person who is at least 18 years of age and not a party in the case.
- (3) File the *Objection* and proof of service with the court.
- (4) Have the *Objection* filed and served by the following date: \_\_\_\_\_

**IF THIS FORM IS MARKED “ FINAL”**

You did not object to the proposed *Notice of Completion*, which was served on (date): \_\_\_\_\_  
by (specify type of service): \_\_\_\_\_

- (1) The attorney no longer represents you in your limited scope action.
- (2) YOU NOW REPRESENT YOURSELF IN ALL ASPECTS OF THIS CASE.
- (3) All legal documents will be directed to you at your last known address, shown above in item 4.

If that address is incorrect, you need to let the court and the other parties in the case know your correct mailing address as soon as possible. You may use *Notice of Change of Address or Other Contact Information* for this purpose.

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: \_\_\_\_\_

(TYPE OR PRINT NAME)

(SIGNATURE OF ATTORNEY)

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PETITIONER: RESPONDENT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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**PROOF OF SERVICE:  PROPOSED  FINAL NOTICE OF COMPLETION OF LIMITED SCOPE REPRESENTATION**

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 (specify):
  - Proposed Notice of Completion of Limited Scope Representation (form FL-955), a blank Objection to Proposed Notice of Completion of Limited Scope Representation (form FL-956), and Information for Client About Notice of Completion of Limited Scope Representation (form FL-955-INFO).
  - Final Notice of Completion of Limited Scope Representation (form FL-955).
3. I served the above forms as follows:
  - a.  **Personal service.** The documents listed above were given to
    - (1) Name of person served:  
Address where served:  
Date served:  
Time served:
    - (2) Name of person served:  
Address where served:  
Date served:  
Time served:
  - b.  **Mail.** I placed a copy of the forms listed above in the U.S. mail in a sealed envelope with postage fully prepaid. The envelope was addressed and mailed as indicated below. I live or work in the county where the forms were mailed.
    - (1) Name of person served:  
Address where served:  
Date of mailing:  
Place of mailing (city and state):
    - (2) Name of person served:  
Address where served:  
Date of mailing:  
Place of mailing (city and state):
  - c.  **Overnight delivery.** I placed a copy of the forms listed above in a sealed envelope, with Express Mail postage fully prepaid, and deposited it in a post office mailbox, subpost office, substation, mail chute, or other like facility maintained by the U.S. Postal Service for receipt of Express Mail. The envelope was addressed and mailed as indicated below. I live or work in the county where the forms were deposited for overnight delivery.
    - (1) Name of person served:  
Address where served:  
Date of mailing:  
Place of mailing (city and state):
    - (2) Name of person served:  
Address where served:  
Date of mailing:  
Place of mailing (city and state):
  - d.  **Electronic service.** I electronically served the document listed above as described in the attached proof of electronic service (Proof of Electronic Service ( ) may be used for this purpose).

## 4. Server's information

- a. Name:
- b. Home or work address:
- c. Telephone number:

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON SERVING NOTICE)