

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY
TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:		CASE NUMBER:
		DEPT.:
NOTICE OF TERMINATION OR MODIFICATION OF STAY		JUDICIAL OFFICER:

To the court and all parties:

1. A *Notice of Stay of Proceedings* was filed in this matter on (date):
2. Declarant named below is
 - a. the party the attorney for the party who requested or caused the stay.
 - b. other (*describe*):
3. The stay described in the above referenced Notice of Stay of Proceedings
 - a. has been vacated by an order of another court. (*Attach a copy of the court order.*)
 - b. is no longer in effect.
4. The stay has been modified (*describe*):
5. The stay has been vacated, is no longer in effect, or has been modified
 - a. with regard to all parties.
 - b. with regard to the following parties (*specify by name and party designation*):

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)

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PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
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PROOF OF SERVICE BY FIRST-CLASS MAIL
NOTICE OF TERMINATION OR MODIFICATION OF STAY

(NOTE: You cannot serve the Notice of Termination or Modification of Stay if you are a party in the action. The person who served the notice must complete this proof of service.)

1. I am at least 18 years old and **not a party to this action**. I am a resident of or employed in the county where the mailing took place, and my residence or business address is (specify):

2. I served a copy of the *Notice of Termination or Modification of Stay* by enclosing it in a sealed envelope with postage fully prepaid and (check one):
 - a. deposited the sealed envelope with the United States Postal Service.
 - b. placed the sealed envelope for collection and processing for mailing, following this business's usual practices, with which I am readily familiar. On the same day correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service.
3. *The Notice of Termination or Modification of Stay* was mailed:
 - a. on (date):
 - b. from (city and state):
4. The envelope was addressed and mailed as follows:

a. Name of person served:	c. Name of person served:
Street address:	Street address:
City:	City:
State and zip code:	State and zip code:
b. Name of person served:	
Street address:	Street address:
City:	City:
State and zip code:	State and zip code:
d. Name of person served:	

Names and addresses of additional persons served are attached. (You may use form POS-030(P).)

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)