

|   |          |                    |
|---|----------|--------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): |          | FOR COURT USE ONLY |
|   |          |                    |
| TELEPHONE NO.:  | FAX NO.: |                    |
| ATTORNEY FOR (Name):  |          |                    |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>                            |          |                    |
| STREET ADDRESS:   |          |                    |
| MAILING ADDRESS:  |          |                    |
| CITY AND ZIP CODE:  |          |                    |
| BRANCH NAME:  |          |                    |
| PETITIONER/PLAINTIFF:   |          |                    |
| RESPONDENT/DEFENDANT:   |          |                    |
| <b>NOTICE OF WITHDRAWAL OF ATTORNEY OF RECORD</b>                         |          | CASE NUMBER:       |

1. In accordance with the provisions of section 285.1 of the Code of Civil Procedure, I withdraw as Attorney of Record for:  
 Petitioner     Respondent
2. The final judgment of dissolution, legal separation, nullity, parentage, or postjudgment order was entered on (*specify date*): \_\_\_\_\_ and no motions or other proceedings are pending at this time.
3. The last known address for the     Petitioner     Respondent    is: \_\_\_\_\_
4. The last known telephone number for the     Petitioner     Respondent    is: \_\_\_\_\_
5. I mailed a copy of this *Notice of Withdrawal* to     Petitioner     Respondent    at the address set forth in item 3.

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)

(SIGNATURE)

**WARNING**

**This form may not be used after a status-only judgment.**

|  |              |
|--|--------------|
| PETITIONER/PLAINTIFF:<br><br>RESPONDENT/DEFENDANT: | CASE NUMBER: |
|--|--------------|

**PROOF OF SERVICE BY  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 of Withdrawal of Attorney of Record* as follows (*check either a. or b. below*):
  - a.  **Personal service.** I personally delivered the *Notice of Withdrawal of Attorney of Record* as follows:
    - (1) Name of person served:
    - (2) Address where served:
  
    - (3) Date served:
    - (4) Time served:
  
  - b.  **Mail.** I deposited the *Notice of Withdrawal of Attorney of Record* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed and mailed as follows:
    - (1) Name of person served:
    - (2) Address:
  
    - (3) Date of mailing:
    - (4) Place of mailing (*city and state*):
    - (5) I am a resident of or employed in the county where the *Notice* 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)

---

(SIGNATURE OF PERSON SERVING NOTICE)