

ATTORNEY (Name, State Bar number, and address):		
TELEPHONE NO.:	FAX NO.:	
E-MAIL ADDRESS:		
ATTORNEY FOR (Name):		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PLAINTIFF/PETITIONER:  DEFENDANT/RESPONDENT:  OTHER:	CASE NUMBER:	
<b>REQUEST FOR EXEMPTION FROM MANDATORY ELECTRONIC FILING AND SERVICE</b>		

1. I, (*name of applicant*): , request to be exempt from the requirements for electronic filing service in this case because It would cause undue hardship or significant prejudice for the following reasons:
- I do not readily have access to a computer with Internet access.
  - Other (*please specify*):

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)




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(SIGNATURE OF DECLARANT)