

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:
- a. ☐ I do not readily have access to a computer with Internet access.
- b. ☐ 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:

\_\_\_\_\_  
 (TYPE OR PRINT NAME)



\_\_\_\_\_  
 (SIGNATURE OF DECLARANT)