

PARTY: NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS:		FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER: RESPONDENT: OTHER PARENT/CLAIMANT:		
RESPONSE TO OBJECTION TO PROPOSED NOTICE OF COMPLETION OF LIMITED SCOPE REPRESENTATION		
HEARING DATE: TIME: DEPARTMENT OR ROOM:		CASE NUMBER:

1. I am the limited scope attorney for petitioner respondent other parent/claimant in this case.
 2. In response to the *Objection to Proposed Notice of Completion of Limited Scope Representation* (form FL-956) (select one)
 - a. I agree to continue representation.
 - b. I request an order to be relieved as the limited scope attorney in this matter.

Notice: Protect the confidentiality of the communications between you and your client!

Do not attach declarations to the *Response to Objection to Proposed Notice of Completion of Limited Scope Representation* (form FL-957).

If you choose to do so, attach only a copy of the proposed *Notice of Completion of Limited Scope Representation* (form FL-955) that was served on the client. Do not attach or file any other papers that you received or sent to your client about the case. Instead, you may bring the papers or other evidence with you to the court hearing.

Following the hearing on the *Objection*, you must file and serve an *Order on Completion of Limited Scope Representation* (form FL-958) as soon as possible, unless otherwise directed by the court.

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

Date:



(SIGNATURE OF PERSON SERVING NOTICE)

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PETITIONER: RESPONDENT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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PROOF OF SERVICE: PERSONAL SERVICE MAIL OVERNIGHT DELIVERY ELECTRONIC SERVICE

1. At the time of service, I was at least 18 years of age and **not a party to this legal action** (not applicable to electronic service).

2. I served a copy of *Response to Objection to Proposed Notice of Completion of Limited Scope Representation* (form FL-957) as follows:

a. **Personal service.** The document listed above was 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 form 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 form was 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 form 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 form was 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).

3. 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)