

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> <hr style="width: 10%; margin-left: 0;"/> TELEPHONE NO.: _____ FAX NO. <i>(Optional)</i> : _____ E-MAIL ADDRESS <i>(Optional)</i> : _____ ATTORNEY FOR <i>(Name)</i> : _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PLAINTIFF/PETITIONER: _____ DEFENDANT/RESPONDENT: _____	CASE NUMBER: _____ JUDICIAL OFFICER: _____
NOTICE OF CHANGE OF ELECTRONIC SERVICE ADDRESS	DEPT.: _____

1. The following party or the attorney for:
- a. plaintiff *(name)*:
 - b. defendant *(name)*:
 - c. petitioner *(name)*:
 - d. respondent *(name)*:
 - e. other *(describe and name)*:

is changing his or her electronic service address for electronic service of notices and documents in the above-captioned action.

- 2. The current electronic service address of the person identified in item 1 is *(specify)*:
- 3. The new electronic service address of the person identified in item 1 is *(specify)*:
- 4. All notices and documents regarding the action should be sent to the new electronic service address as of *(date)*:

Date:

 (TYPE OR PRINT NAME)

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 (SIGNATURE OF PARTY OR ATTORNEY)

CASE NAME:	CASE NUMBER:
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**PROOF OF ELECTRONIC SERVICE
NOTICE OF CHANGE OF ELECTRONIC SERVICE ADDRESS**

- 1. I am at least 18 years old and not a party to this action.
 - a. My residence or business address is *(specify)*:

 - b. My electronic service address is *(specify)*:

- 2. I electronically served a copy of the *Notice of Change of Electronic Service Address* as follows:
 - a. Name of person served:
On behalf of *(name or names of parties represented, if person served is an attorney)*:

 - b. Electronic service address of person served:

 - c. On *(date)*:


 - d. At *(time)*:

Electronic service of the *Notice of Change of Electronic Service Address* on additional persons is described in an attachment.

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)