

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO. : E-MAIL ADDRESS: ATTORNEY FOR (<i>name</i>): Under Family Code §§	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	CASE NUMBER:
Plaintiff/Petitioner: Defendant/Respondent:	JUDICIAL OFFICER:
CONSENT TO ELECTRONIC SERVICE AND NOTICE OF ELECTRONIC SERVICE ADDRESS	DEPARTMENT:

1. The following party or the attorney for:

- a. plaintiff (*name*):
- b. defendant (*name*):
- c. petitioner (*name*):
- d. respondent (*name*):
- e. other (*describe*):

consents to electronic service of notices and documents in the above-captioned action.

2. The electronic service address of the person identified in item 1 is (*specify*):

Date:

_____ _____
 TYPE OR PRINT NAME (SIGNATURE OF PARTY OR ATTORNEY)

CASE NAME:	CASE NUMBER:
------------	--------------

(Note: *If you serve Consent to Electronic Service and Notice of Electronic Service Address by mail, you should use form POS-030, Proof of Service by First-Class Mail–Civil, instead of using this page.*)

PROOF OF ELECTRONIC SERVICE

CONSENT TO ELECTRONIC SERVICE AND NOTICE OF ELECTRONIC SERVICE ADDRESS

1. I am at least 18 years old.
 - a. My residence or business address is *(specify)*:

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

2. I electronically served a copy of the *Consent to Electronic Service and Notice of Electronic Service Address* as follows:
 - a. Name of person served:

 - b. Electronic service address of person served:
 On behalf of *(name or names of parties represented, if person served is an attorney)*:

 - c. On *(date)*:

 - d. At *(time)*:

Electronic service of the *Consent to Electronic Service and Notice 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)