

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> <hr style="width: 20px; 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: _____
CONSENT TO ELECTRONIC SERVICE AND NOTICE 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)*:

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:
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(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 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 *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)