

PARTY WITHOUT ATTORNEY (Name, State Bar and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS: _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, JUVENILE COURT, 2851 MEADOW LARK DR., SAN DIEGO, CA 92123 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
PLAINTIFF/PETITIONER	
DEFENDANT/RESPONDENT	
NOTICE OF CONSENT/WITHDRAWAL OF CONSENT TO RECEIVE ELECTRONIC SERVICE	CASE NUMBER

This form is to be used by **self-represented litigants** in civil, family, juvenile, and probate actions to consent or withdraw consent to receive electronic service.

THE COURT AND ALL PARTIES ARE NOTIFIED THAT:

Pursuant to Code of Civil Procedure section 1010.6, I, _____ (name):
(Select one)

CONSENT to receive service of all notices and documents electronically in the above-entitled case. Electronic service will be accepted at the following electronic service address:

_____ (email).

WITHDRAW CONSENT to receive service of all notices and documents electronically in the above-entitled case. Service will be accepted at the following physical address:

_____ (Street) _____ (City) _____ (State) _____ (Zip Code)

Date: _____

Type or print name _____
Signature

This document must be served on all appearing parties. If served by mail, use form Proof of Service by First-Class Mail – Civil (JC Form #POS-030).

PROOF OF ELECTRONIC SERVICE

1. I am at least 18 years old
a. My residence or business address is: _____

b. My electronic service address is: _____

2. I electronically served this Notice 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) at _____ a.m. p.m.

Names and addresses of additional persons served are attached.

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