ATTORNEY OR PARTY WIT	HOUT ATTORNEY (Name and)	Address):	TELEPHONE NO.:	FOR COURT USE	ONLY
<u> </u>					
ATTORNEY FOR (Name):					
NAME OF COURT:					
STREET ADDRESS:					
MAILING ADDRESS:					
CITY AND ZIP CODE:					
BRANCH NAME:					
CASE NAME:					
				CASE NUMBER:	
SUBSTITUTION OF ATTORNEY—CIVIL					
	(Without	Court Order)			
THE COLIET AND A	II DARTIES ARE NO	OTIFIED THAT (name):		makes the f	ollowing substitution:
1. Former legal rep		arty represented self	Attorney (name):	makes the n	Silowing substitution.
2. New legal repres		is representing self*	=		
a. Name:	entative Faity	is representing sen	Attorney b. State Bar No. (if	annlicable)	
	er street city ZIP an	d law firm name, if applic		аррисавіс).	
o. Addi oco (Harrist	or, ou oor, org, <u>-</u> ir , arr	a law min riamo, n appno	abio).		
d. Telephone No.	(include area code):				
3. The party making	this substitution is a	plaintiff def	endant petition	er respondent [other (specify):
, , ,	•		<u> </u>		
	*NOTICE	TO PARTIES APPLYING		EMSELVES	
• 6	• Guardian • Personal representative • Guardian ad litem				
_	Conservator	Probate fiduciary		nincorporated	
	rustee	 Corporation 		ssociation	
		arties on this list, you n			
	tute one attorney for	r another attorney. SEEI	K LEGAL ADVICE BE	FORE APPLYING TO R	EPRESENT
YOURSELF.					
1					1
		NOTICE TO PARTIES V	WITHOUT ATTORNEY	'S	
		g himself or herself ma	•		
	take timely and app	propriate action in this o	case may result in se	rious legal	
	consequences.				
4. I consent to this s	ubstitution				•
Date:					
	(TYPE OR PRINT NAME)		,	(SIGNATURE OF PARTY)	
5. I consent to	this substitution.				
Date:					
			<u> </u>		
	(TYPE OR PRINT NAME)			(SIGNATURE OF FORMER ATTOR	NEY)
6. I accept this	aubatitutian				
	s substitution.				
Date:	s substitution.		L		
Date:	(TYPE OR PRINT NAME)		<u>}</u>	(SIGNATURE OF NEW ATTORNI	

CASE NAME:		CASE NUMBER:
	PROOF OF SERVICE BY MAIL Substitution of Attorney – Civil	
Instructions: After having all parties served by complete this Proof of Service by Mail. An <u>ur</u> document. Give the Substitution of Attorney-representing yourself, someone else must mail	nsigned copy of the Proof of Service by M —Civil and the completed Proof of Servic	ail should be completed and served with the e by Mail to the clerk for filing. If you are
I am over the age of 18 and not a party to residence or business address is (specify):	this cause. I am a resident of or employed	in the county where the mailing occurred. My
I served the Substitution of Attorney–Civil by and address is shown below and depositing		· · · · · · · · · · · · · · · · · · ·
(1) Date of mailing:	(2) Place of mailing (city and state):	
3. I declare under penalty of perjury under the	laws of the State of California that the foreg	joing is true and correct.
Date:		
	•	
	· · · · · · · · · · · · · · · · · · ·	(SIGNATURE)
NAME AND ADDR	RESS OF EACH PERSON TO WHOM NOT	ICE WAS MAILED
 a. Name of person served: b. Address (number, street, city, and ZIP): 		
c. Name of person served: d. Address (number, street, city, and ZIP):		
e. Name of person served: f. Address (number, street, city, and ZIP):		
g. Name of person served: h. Address (number, street, city, and ZIP):		
i. Name of person served: j. Address (number, street, city, and ZIP):		
List of names and addresses continue	ed in attachment.	