## MC-050

ATTORNEY OR PARTY WIT	HOUT ATTORNEY (Nan	ne, State Bar number, and address):		FOR COURT USE ONLY	
_					
TELEPHONE NO.:		FAX NO. (Optional):			
E-MAIL ADDRESS (Optional):		TAX NO. (Optional).			
ATTORNEY FOR (Name):					
				_	
SUPERIOR COURT C	OF CALIFORNIA,	COUNTY OF			
STREET ADDRESS:					
MAILING ADDRESS:					
CITY AND ZIP CODE: BRANCH NAME:					
BRANCH NAME.					
CASE NAME:					
		ON OF ATTORNEY—CIVII	_	CASE NUMBER:	
	(Witl	hout Court Order)			
				1	
THE COURT AND A	ALL PARTIES AF	RE NOTIFIED THAT (name):		makes the following	substitutior
1. Former legal rep				-	
2. New legal repres	-	Party represented self Party is representing self*	Attorney (name)	).	
•				- ( + )	
a. Name:			b. State Bar No. (if app	blicable):	
c. Address (num	iber, street, city, 2	ZIP, and law firm name, if appl	icable):		
d. Telephone No	). (include area c	ode):			
d. Telephone No			defendant 🗌 netiti	oner 🗌 respondent 🗌 oth	er (specify
<ul><li>d. Telephone No</li><li>3. The party making</li></ul>			defendant 🔲 petiti	oner respondent oth	er (specify)
			defendant 🔲 petiti	oner respondent oth	er (specify
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3. The party making	g this substitution *NOTIC Guardian Conservator	<ul> <li>is a plaintiff</li> <li>E TO PARTIES APPLYING T</li> <li>Personal Representative</li> <li>Probate fiduciary</li> </ul>	O REPRESENT THEN • Guard • Uninco	MSELVES ian ad litem orporated	er (specify
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UTION OF ATTORNEY (Without Court Order)

## PROOF OF SERVICE BY MAIL Substitution of Attorney—Civil

**Instructions:** After having all parties served by mail with the Substitution of Attorney—Civil, have the person who mailed the document complete this Proof of Service by Mail. An <u>unsigned</u> copy of the Proof of Service by Mail should be completed and served with the document. Give the Substitution of Attorney—Civil and the completed Proof of Service by Mail to the clerk for filing. If you are representing yourself, someone else must mail these papers and sign the Proof of Service by Mail.

- 1. I am over the age of 18 and **not a party to this cause.** I am a resident of or employed in the county where the mailing occurred. My residence or business address is *(specify)*:
- 2. I served the Substitution of Attorney—Civil by enclosing a true copy in a sealed envelope addressed to each person whose name and address is shown below and depositing the envelope in the United States mail with the postage fully prepaid.

(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 foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)

## NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

- 4. 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 continued in attachment.