

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, Address and Phone No.)</i> STATE BAR NO: E-MAIL ADDRESS: ATTORNEY FOR <i>(Name)</i> :	<i>FOR COURT USE</i>
MARIN COUNTY SUPERIOR COURT 3501 CIVIC CENTER DRIVE P.O. BOX 4988 SAN RAFAEL, CA 94913-4988	
CHILD'S NAME:	CASE NUMBER:
CONSENT TO ELECTRONIC SERVICE AND NOTICE OF ELECTRONIC SERVICE ADDRESS	JUDICIAL OFFICER:
	DEPT:

1. The following party or the attorney for:

a. Plaintiff *(name)*:

b. Defendant *(name)*:

c. Petitioner *(name)*:

d. Respondent *(name)*:

e. Other *(name)*:

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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PROOF OF ELECTRONIC SERVICE

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 *(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) (SIGNATURE OF PARTY OR DECLARANT)