

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar Number and Address</i>) TELEPHONE NO: E-MAIL ADDRESS (<i>Optional</i>): ATTORNEY FOR (<i>Name</i>):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: MAILING ADDRESS: 191 North First Street CITY AND ZIP CODE: San Jose, California 95113 BRANCH NAME:	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER: JUDICIAL OFFICER:
CONSENT TO ELECTRONIC FILING AND 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 filing of pleadings, and 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 Filing and Service of Pleadings, 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 FILING AND SERVICE OF PLEADINGS
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 DECLARANT)

 _____
(SIGNATURE OF PARTY OR DECLARANT)