





EFS-005-CV STATE BAR NO: ATTORNEY OR PARTY WITHOUT ATTORNEY: FOR COURT USE ONLY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO .: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: CASE NUMBER: Plaintiff/Petitioner: JUDICIAL OFFICER: Defendant/Respondent: CONSENT TO ELECTRONIC SERVICE AND NOTICE OF ELECTRONIC DEPARTMENT: **SERVICE ADDRESS** 1. The following party or the attorney for: plaintiff (name): defendant (name): petitioner (name): respondent (name): other (describe): 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)

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CASE NAME:	CASE NUMBER:

(Note: If you serve Consent to Electronic Service 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.)

	POS-030, Proof of Service by First-Class Mail-Civil, Instead of using this page.)
	PROOF OF ELECTRONIC SERVICE
	CONSENT TO ELECTRONIC SERVICE AND NOTICE OF ELECTRONIC SERVICE ADDRESS
1. 1	am at least 18 years old.
а	a. My residence or business address is (specify):
b	My electronic service address is (specify):
0 1	
	electronically served a copy of the Consent to Electronic Service and Notice of Electronic Service Address as follows: a. Name of person served:
Ĺ	 Electronic service address of person served: On behalf of (name or names of parties represented, if person served is an attorney):
	On behall of (hame of hames of parties represented, if person served is an attorney).
C	c. On (date):
c	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 dec	clare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Date	
-	(TYPE OR PRINT NAME OF DECLARANT) (SIGNATURE OF DECLARANT)

		EFS-020
ATTORNEY OR PARTY WITHOUT ATTORNEY:	STATE BAR NO.:	FOR COURT USE ONLY
NAME:		, an assim sagarity
FIRM NAME:		
STREET ADDRESS:		
CITY:	STATE: ZIP CODE:	
TELEPHONE NO.:	FAX NO.:	
E-MAIL ADDRESS:		
ATTORNEY FOR (name):		
SUPERIOR COURT OF CALIFORNIA, COL	JNTY OF	
STREET ADDRESS:		
MAILING ADDRESS: CITY AND ZIP CODE:		
BRANCH NAME:		
		CASE NUMBER:
PLAINTIFF/PETITIONER:		
DEFENDANT/RESPONDENT:		JUDICIAL OFFICER:
OTHER:		
PROPOSED C	ORDER (COVER SHEET)	DEPT:
NOTE: This cover sheet is to be used	to electronically file and submit to the co	urt a proposed order. The proposed order sent
electronically to the court must be in Pt	DF format and must be attached to this co	over sheet. In addition, a version of the proposed me time as this cover sheet and the attached proposed
Name of the party submitting the pro	oposed order:	
2. Title of the proposed order:		
3. The proceeding to which the propos	sed order relates is:	
a. Description of proceeding:		
b. Date and time:		
c. Place:		
4. The proposed order was served on	the other parties in the case.	
(TYPE OR PRINT NAME)	<u>}</u>	(SIGNATURE OF PARTY OR ATTORNEY)

		EES 020
CASE	NAME:	CASE NUMBER:
	PROOF OF ELECTRONIC SERVICE PROPOSED ORDER	
1. Lan	n 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 ele an e	ectronically served the <i>Proposed Order (Cover Sheet)</i> with a proposed order in PDF editable word-processing format as follows:	format attached, and a proposed order in
a.	On (name of person served) (If the person served is an attorney, the party or partie	es represented should also be stated.):
	To (electronic service address of person served): On (date):	
E pı	Electronic service of the <i>Proposed Order (Cover Sheet)</i> with the attached proposed roposed order in an editable word-processing format on additional persons are des	order in PDF format and service of the cribed 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 OF DECLARANT)

(SIGNATURE OF DECLARANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address)	FOR COURT USE ONLY
TELEPHONE NO.	
TELEPHONE NO: E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
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:	
DRANCH NAIVIE.	
PLAINTIFF/PETITIONER:	CASE NUMBER:
TEANTH // ETHIONER.	
DEFENDANT/RESPONDENT:	JUDICIAL OFFICER:
CONSENT TO ELECTRONIC FILING AND SERVICE AND	DEPT:
NOTICE OF ELECTRONIC SERVICE ADDRESS	
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 d	ocuments in the above-captioned action.
The electronic continue address of the neuron identified in the set of the	
2. The electronic service address of the person identified in item 1 is (spe	эспу):
Date:	
(TYPE OR PRINT NAME)	(SIGNATURE OF PARTY OR ATTORNEY)
	and the second s

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			CW-9024		
CAS	SE NA	ME:	CASE NUMBER:		
(No	ote: <i>mail</i>	If you serve Consent to Electronic Filing and Service of Pleadings, l, you should use form POS-030, Proof of Service by First-Class Ma	and Notice of Electronic Service Address ail-Civil, <i>instead of using this page.</i>)		
	PROOF OF ELECTRONIC SERVICE CONSENT TO ELECTRONIC FILING AND SERVICE OF PLEADINGS AND NOTICE OF ELECTRONIC SERVICE ADDRESS				
1.	l ar	m 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):			
	υ.	my dissilating service address is (specify).			
2.	l el foll	lectronically served a copy of the Consent to Electronic Service and lows:	d Notice of Electronic Service Address as		
	a.	Name of person served:			
	b.	Electronic service address of person served:			
		On behalf of (name or names of parties represented, if person se	rved is an attorney):		
	c.	On (date):			
	d.	At (time):			
		Electronic service of the Consent to Electronic Service and Not additional persons is described in an attachment.	tice of Electronic Service Address on		
Ιd	eclar	re under penalty of perjury under the laws of the State of California	that the foregoing is true and correct.		
Da	ite:				

(TYPE OR DECLARANT)

(SIGNATURE OF PARTY OR DECLARANT)

(TYPE OR PRINT NAME)

(SIGNATURE OF PARTY OR ATTORNEY)

F	EFS-010
CASE NAME:	CASE NUMBER:

PROOF OF ELECTRONIC SERVICE

	NOTICE OF CHANGE 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 Notice of Change of Electronic Service Address as follows:
	 Name of person served: On behalf of (name or names of parties represented, if person served is an attorney):
	b. Electronic service address of person served:
	c. On (date):
	d. At (time):
	Electronic service of the Notice of Change of Electronic Service Address on additional persons is described in an attachment.
	1 }
	eclare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. te:
Dα	ite.
	(TYPE OR PRINT NAME OF DECLARANT) (SIGNATURE OF DECLARANT)

POS-050(P)/EFS-050(P

SHORT TITLE:	CASE NUMBER:

ATTACHMENT TO PROOF OF ELECTRONIC SERVICE (PERSONS SERVED) (This attachment is for use with form POS-050/EFS-050.) NAMES, ADDRESSES, AND OTHER APPLICABLE INFORMATION ABOUT PERSONS SERVED:

Name of Person Served	Electronic Service Address	Date of Electronic Service
(If the person served is an attorney, the party or parties represented should also be stated.)		
		Date:
		Date:
		Date:
3)	Date:
		Date:
		Date:

ATTORNEY ALL DOLL D	
ATTORNEY (Name, State Bar number, and address):	
TELEPHONE NO.: FAX NO.:	
E-MAIL ADDRESS: ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS: CITY AND ZIP CODE:	
BRANCH NAME:	
PLAINTIFF/PETITIONER:	CASE NUMBER:
DEFENDANT/RESPONDENT:	
OTHER:	
ORDER OF EXEMPTION FROM	
ELECTRONIC FILING AND SERVICE	
The court has reviewed the request for exemption and makes the fo	llowing orders:
1. \square The court grants the request for exemption. The applicant	may:
☐ file ☐ serve all documents in this case in pa	per form.
2. The court denies the request for exemption for the followin	g reason:
-	
2 🗖 =	E4402 See 1975 17 24505 1991
 The court needs more information to decide whether to gra the date below: 	nt the application request. The applicant must appear in court on
and date potent.	
	Name and address of court if different from above:
Hearing Date: Time:	
Date Dept.: Room:	
Date:	
Date.	
)	JUDICIAL OFFICER
Clerk's Certificate of Service	
I certify that I am not a party to this action and (check one):	
A certificate of mailing is attached.	
I handed a copy of this order to the applicant listed ab	ove, at the court, on the date below.
This order was mailed first class, postage paid, to the	
from (city): , California or	the date below.
Date:	
	Ву:
)	DEPUTY CLERK Page 1 of 1

POS-050(D)/EFS-050(D)	POS-05	0(D)/EF	S-050	(D)
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CASE NAME:	CASE NUMBER:	

ATTACHMENT TO PROOF OF ELECTRONIC SERVICE (DOCUMENTS SERVED)

(This attachment is for use with form POS-050/EFS-050.)

The documents that were served are as follows (describe each document specifically):	
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ATTORNEY (Name, State Bar number, and address):	
TELEPHONE NO.: FAX NO.:	
E-MAIL ADDRESS:	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE:	
BRANCH NAME:	
PLAINTIFF/PETITIONER:	CASE NUMBER:
DEFENDANT/RESPONDENT:	
OTHER:	
REQUEST FOR EXEMPTION FROM MANDATORY ELECTRONIC FILING AND SERVICE	
 I, (name of applicant): filling service in this case because It would cause undue hardship or signing I do not readily have access to a computer with Internet access. Other (please specify): 	from the requirements for electronic ficant prejudice for the following reasons:
I declare under sociality of sociality and on the laws of the Chate of California that the Chate	
I declare under penalty of perjury under the laws of the State of California that the foreg	oing is true and correct.
Date:	
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)
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	D00 050/550 050
	POS-050/EFS-050
ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO:	FOR COURT USE ONLY
NAME:	
FIRM NAME:	
STREET ADDRESS:	
CITY: STATE: ZIP CODE:	
TELEPHONE NO.: FAX NO.:	
E-MAIL ADDRESS:	7.
ATTORNEY FOR (name):	*
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	CASE NUMBER:
PLAINTIFF/PETITIONER:	
DEFENDANT/RESPONDENT:	JUDICIAL OFFICER:
PROOF OF ELECTRONIC SERVICE	DEPARTMENT:
b. My electronic service address is (specify):2. I electronically served the following documents (exact titles):	
The documents served are listed in an attachment. (Form POS-050(D)/EFS-03. I electronically served the documents listed in 2 as follows:	050(D) may be used for this purpose.)
a. Name of person served:	
On behalf of (name or names of parties represented, if person served is an attorne	y):
b. Electronic service address of person served :	
c. On (date):	
The documents listed in item 2 were served electronically on the persons and (Form POS-050(P)/EFS-050(P) may be used for this purpose.)	d in the manner described in an attachment.
Date:	

(TYPE OR PRINT NAME OF DECLARANT)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(SIGNATURE OF DECLARANT)