

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 SERVICE OF COURT- ISSUED DOCUMENTS (CCP §1010.6(d))	DEPT:

1. The following self-represented party:

- a. Plaintiff/petitioner (*name*):
- b. Defendant/Respondent (*name*):
- c. Other (*describe*):

Consents to electronic service by the Court of any documents issued by the Court that the Court is required to transmit, deliver or serve in the above-captioned action (**CCP §1010.6(d)**).

2. The electronic service address of the person identified in item 1 is (*specify*):

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF SELF-REPRESENTED PARTY)

CASE NAME:	CASE NUMBER:
------------	--------------

PROOF OF SERVICE

1. I am at least 18 years old and not a party to this action. My residence or business address and contact information are (*specify*):

- a. Home or Business Address: _____
- b. Telephone Number: _____
- c. Email Address: _____

2. I served a copy of **CONSENT TO ELECTRONIC SERVICE OF COURT-ISSUED DOCUMENTS (CCP §1010.6(d))** as follows:

- By Mail By Personal Delivery By Email

a. Name of person served: _____

b. Address at which person was served by mail, in person or via email::

c. On (*date*): _____

d. At (*time*): _____

Information about additional parties served 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:

(Print Name of Server)

(Signature of server)