CW-xxxx

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address)	FOR COURT USE ONLY
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	
0 1 0 1/4 0 0 1/4 0	
BRANCH NAME:	
	CASE NUMBER:
PLAINTIFF/PETITIONER:	
DEFENDANT/RESPONDENT:	JUDICIAL OFFICER:
DEI ENDANT/REGFONDENT.	
CONSENT TO ELECTRONIC SERVICE OF COURT-	DEPT:
ISSUED DOCUMENTS (CCP §1010.6(d))	
1000ED DOCOMENTO (CCI 31010.0(d))	
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	ne 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 (specified)	ecify):
	
Date:	
\	
(TYPE OR PRINT NAME)	(SIGNATURE OF SELF-REPRESENTD PARTY)

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CASE NAME:		CASE NUMBER:	
	PROOF OF SERVICE		
1. I am at le are (sp	east 18 years old and not a party to this action. My residence of ecify):	or business address and contact information	
a.	Home or Business Address:		
b.	Telephone Number:		
C.	Email Address:		
2. I served follows	a copy of CONSENT TO ELECTRONIC SERVICE OF COURT-IS	SSUED DOCUMENTS (CCP §1010.6(d)) as	
□ Ву Ма	ail □ 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):		
In	formation about additional parties served is described in an a	ttachment.	
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)	

CW-xxxx

	
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address)	FOR COURT USE ONLY
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:	
	CASE NUMBER:
PLAINTIFF/PETITIONER:	CASE NOWIDER.
FLAINTIIT/FETTTONEK.	
DEFENDANT/RESPONDENT:	JUDICIAL OFFICER:
BEI END/MI/NESI SINDEMI.	
WITHDRAWAL OF CONCENT TO ELECTRONIC	DEPT:
WITHDRAWAL OF CONSENT TO ELECTRONIC	
SERVICE OF COURT-ISSUED DOCUMENTS	
(CCP §1010.6(d))	
The following self-represented party:	
The fellething contropression party.	
Di etti etti (
a. Plaintiff/petitioner (name):	
b. Defendant/Respondent (name):	
c. Other (describe):	
c Other (ucscribe).	
withdraws his/her Consent to electronic service by the Court of any docu	uments issued by the Court that the Court is
required to transmit, deliver or serve in the above-captioned action (CCP	
Date:	
k	
<u></u>	
(TYPE OR PRINT NAME)	(SIGNATURE OF SELF-REPRESENTD PARTY)

C	Λ	l_yyyy
v	•	

CASE NAME:		CASE NUMBER:	
PROOF OF SERVICE			
1. I am at le are (sp	east 18 years old and not a party to this action. My residence of ecify):	or business address and contact information	
a.	Home or Business Address:		
b.	Telephone Number:		
C.	Email Address:		
	a copy of WITHDRAWAL OF CONSENT TO ELECTRONIC SE 1010.6(d)) as follows:	ERVICE OF COURT-ISSUED DOCUMENTS	
□ Ву Ма	ıil □ By Personal Delivery □ By Email		
a.	Name of person served:		
b.	Address at which person was served by mail, in person or v	ia email··	
2.	, i.e., soo ar innon poison, i.e. soo soo ay inan, ii. poison si		
_			
_			
C.	On (date):		
d.	At (time):		
In	formation about additional parties served is described in an a	ttachment.	
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 corver)	
	(Plint Name of Server)	(Signature of server)	