

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, state bar number, and address):</i> <hr style="width: 20px; margin-left: 0;"/> TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	
<p style="text-align: center;">NOTICE OF LIMITED SCOPE REPRESENTATION</p> <input type="checkbox"/> Amended	CASE NUMBER:

1. Attorney *(name):*
and party *(name):*
have a written agreement that attorney will provide limited scope representation to the party.

2. Attorney will represent the party
 at the hearing on: and for any continuance of that hearing
 until submission of the order after hearing
 until resolution of the issues checked on page 1 by trial or settlement
 other *(specify duration of representation):* _____

3. Attorney will serve as "attorney of record" for the party **only** for the following issues in this case:
 - a. Child support: (1) Establish (2) Enforce (3) Modify *(describe in detail):* _____

 - b. Spousal support: (1) Establish (2) Enforce (3) Modify *(describe in detail):* _____

 - c. Restraining order: (1) Establish (2) Enforce (3) Modify *(describe in detail):* _____

 - d. Child custody and visitation: (1) Establish (2) Enforce (3) Modify *(describe in detail):* _____

 - e. Division of property *(describe in detail):* _____

 - f. Pension issues *(describe in detail):* _____

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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g. Contempt (*describe in detail*):

h. Other (*describe in detail*):

i. See attachment 3i.

4. By signing this form, the party agrees to sign form MC-050, *Substitution of Attorney–Civil* at the completion of the representation as set forth above.

5. The attorney named above is "attorney of record" and available for service of documents only for those issues specifically checked on pages 1 and 2. For all other matters, the party must be served directly. The party's name, address, and phone number are listed below for that purpose.

Name:

Address (*for the purpose of service*):

Phone:

Fax:

This notice accurately sets forth all current matters on which the attorney has agreed to serve as "attorney of record" for the party in this case. The information provided herein is not intended to set forth all of the terms and conditions of the agreement between the party and the attorney for limited scope representation.

Date:

 (TYPE OR PRINT NAME)



 (SIGNATURE OF PARTY)

Date:

 (TYPE OR PRINT NAME)



 (SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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PROOF OF SERVICE BY PERSONAL SERVICE MAIL

1. At the time of service I was at least 18 years of age and **not a party to this legal action.**
2. I served a copy of the *Notice of Limited Scope Representation* as follows (check either a. or b. below):
 - a. **Personal service.** The *Notice of Limited Scope Representation* was given to:
 - (1) Name of person served:
 - (2) Address where served:
 - (3) Date served:
 - (4) Time served:
 - b. **Mail.** I placed a copy of the *Notice of Limited Scope Representation* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed and mailed as follows:
 - (1) Name of person served:
 - (2) Address:
 - (3) Date of mailing:
 - (4) Place of mailing (*city and state*):
 - (5) I live in or work in the county where the *Notice* was mailed.
3. Server's information:
 - a. Name:
 - b. Home or work address:
 - c. Telephone number:

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

Date:

 (TYPE OR PRINT NAME)



 (SIGNATURE OF PERSON SERVING NOTICE)