

PARTY WITHOUT ATTORNEY OR ATTORNEY: STATE BAR NO.: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY DRAFT NOT APPROVED BY THE JUDICIAL COUNCIL
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/CLAIMANT:	
NOTICE OF LIMITED SCOPE REPRESENTATION <input type="checkbox"/> AMENDED	CASE NUMBER:

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

2. Attorney will represent the party
 - at the hearing on *(date)*: 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 the case:
 - a. Child custody and visitation (parenting time): (1) Establish (2) Enforce Modify *(describe in detail)*:

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

 - c. Spousal/Domestic partner support: (1) Establish (2) Enforce (3) Modify *(describe in detail)*:

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

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

PETITIONER: RESPONDENT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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f. Pension issues (describe in detail):

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 No.

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 in this document 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)

PARTY WITHOUT ATTORNEY OR ATTORNEY: STATE BAR NO.:		<i>FOR COURT USE ONLY</i>
NAME:		
FIRM NAME:		
STREET ADDRESS:		
CITY:	STATE: ZIP CODE:	
TELEPHONE NO.:	FAX NO.:	
E-MAIL ADDRESS:		
ATTORNEY FOR (<i>name</i>):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONER:		
RESPONDENT:		
OTHER PARENT/CLAIMANT:		
NOTICE OF COMPLETION OF LIMITED SCOPE REPRESENTATION		CASE NUMBER:

- In accordance with the terms of an agreement between (*name*): petitioner
 respondent other party/claimant and myself, I agreed to provide limited scope representation.
- I was retained as attorney of record for the limited scope services described in detail: below in the attached *Notice of Limited Scope Representation* (form FL-950)
- On (*date*): I completed all services within the scope of my representation and have completed all work ordered by the court.
- The last known information for the petitioner respondent other party/claimant (*for the purpose of service*):
 - Address:
 - Telephone number:

NOTICE TO PARTY/CLIENT: Your attorney has filed this *Notice of Completion of Limited Scope Representation* with the court stating that he or she no longer represents you in this action because the tasks that you agreed the attorney would perform for you have been completed. If this is correct, you now represent yourself in all aspects of your case.

If you do not agree that these tasks have been completed and you want the attorney to continue to represent you until the tasks are completed, you must file an *Objection to Notice of Completion of Limited Scope Representation* (form FL-956) and a proposed *Order on Objection to Notice of Limited Scope Representation* (form FL-958) with the court within 15 calendar days of the date that this notice was served on you. You must also have copies of these forms served on your attorney and the other party (or the other party's attorney). If you do not file the *Objection* and proposed *Order*, the court will accept that the attorney completed all the tasks agreed upon in the *Notice of Limited Scope Representation* (form FL-950) and the attorney will be relieved as your attorney of record.

Please refer to the *Proof of Service* on page 2 of this form to determine the date that the notice was served on you (if this form was served by mail, the date of service is 5 days after the date of mailing).

You should ONLY file an *Objection* if you believe that the attorney has not completed the tasks that he or she agreed to perform for you or actions ordered by the court. This procedure is NOT to be used to resolve other disagreements you may have with the attorney, such as about fees.

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 ATTORNEY)

PARTY WITHOUT ATTORNEY OR ATTORNEY: STATE BAR NO.:		FOR COURT USE ONLY
NAME:		
FIRM NAME:		
STREET ADDRESS:		
CITY:	STATE:	
TELEPHONE NO.:	FAX NO.:	
E-MAIL ADDRESS:		DRAFT
ATTORNEY FOR (name):		NOT APPROVED BY THE JUDICIAL COUNCIL
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONER: RESPONDENT: OTHER PARENT/CLAIMANT:		
OBJECTION TO NOTICE OF COMPLETION OF LIMITED SCOPE REPRESENTATION		CASE NUMBER:
HEARING DATE:	TIME:	DEPARTMENT OR ROOM:

- I am the petitioner respondent other parent/claimant in this case.
- I believe that my attorney did not complete all of the services that he or she agreed to do acts ordered by the court
- I request that the court not allow my attorney to withdraw from representation until those services or acts have been completed.
The services agreed upon acts ordered by the court that remain to be completed are (specify):

see Attachment 3.

- The reason that I think these tasks are supposed to be completed is (specify):

see Attachment 4.

NOTICE

If you object to your attorney's *Notice of Completion of Limited Scope Representation* (form FL-955), you must file this form with the clerk of the court where the *Notice of Completion* was filed and include a proposed *Order on Objection to Notice of Completion of Limited Scope Representation* (form FL-958). You must file the *Objection* and proposed *Order* within 20 calendar days of the date that the *Notice of Completion* was put in the mail to you. If you were personally served, the *Objection* and proposed *Order* must be filed 15 calendar days from the date the notice was given to you. That date is on the proof of service (page 2 of the *Notice of Completion*). You must also have the attorney and the other party (or the party's attorney) served with the *Objection* (a blank proof of service is on the back of the form) and the proposed *Order*.

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)