

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar number, and address</i> ):     TELEPHONE NO.: _____ FAX NO. ( <i>Optional</i> ): _____ E-MAIL ADDRESS ( <i>Optional</i> ): _____ ATTORNEY FOR ( <i>Name</i> ): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____</b>  STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER/PLAINTIFF: _____  RESPONDENT/DEFENDANT: _____  OTHER PARENT/CLAIMANT: _____	
<b>APPLICATION TO BE RELIEVED AS COUNSEL UPON COMPLETION OF LIMITED SCOPE REPRESENTATION</b>	CASE NUMBER: _____

1. I request an order to be relieved as counsel in this matter.
2. In accordance with the terms of an agreement between (*name*):  petitioner  respondent  
 other parent/claimant and myself, I agreed to provide limited scope representation.
3. I was retained as attorney of record for the following limited scope services (*describe in detail*):  
  
 see *Notice of Limited Scope Representation* (form FL-950).
4. I have completed all services within the scope of my representation and have completed all acts ordered by the court.
5. The last known address for the  petitioner  respondent  other parent/claimant is:
6. The last known telephone number for the  petitioner  respondent  other parent/claimant is:

**NOTICE TO PARTY/CLIENT:** Your attorney has filed this *Application to Be Relieved as Counsel Upon Completion of Limited Scope Representation* with the court stating that he or she no longer represents you in this action because the tasks that you agreed the attorney would perform for you have been completed.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 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 Application to Be Relieved as Counsel Upon Completion of Limited Scope Representation* (form FL-956) with the court within 15 calendar days of the date that this notice was served on you, asking the court to require the attorney to remain your attorney in the action until these tasks are completed. You must also serve this *Objection* on your attorney and the other party. If you do not file a form FL-956, the court will grant your attorney's request.**

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

This procedure may be used **ONLY** if you believe that the attorney has not completed the tasks that he or she agreed to perform for you. It is **NOT** to be used to resolve other disagreements you may have with the attorney, such as disagreements concerning fees.

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)



\_\_\_\_\_  
(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 completed *Application to Be Relieved as Counsel Upon Completion of Limited Scope Representation* and all attachments as well as a blank *Objection to Application to Be Relieved as Counsel Upon Completion of Limited Scope Representation* as follows (check either a. or b. below):
  - a.  **Personal service.** I personally delivered the forms listed above and any attachments as follows:
    - (1) Name of person served:
    - (2) Address where served:
  
    - (3) Date served:
    - (4) Time served:
  
  - b.  **Mail.** I placed copies of the forms listed above 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 forms were 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:

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(TYPE OR PRINT SERVER'S NAME)

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(SERVER TO SIGN HERE)