ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):* TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):*	To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER: JUDICIAL OFFICER:
NOTICE OF CHANGE OF ADDRESS	DEPT.:

1. **Please take notice** that, as of *(date):*
   - ☐ the following party or
   - ☐ the attorney for:
     - a. ☐ plaintiff *(name):*
     - b. ☐ defendant *(name):*
     - c. ☐ petitioner *(name):*
     - d. ☐ respondent *(name):*
     - e. ☐ other *(describe):*

   has **changed his or her address** for service of notices and documents in the above-captioned action.

   ☐ A list of additional parties represented is provided in Attachment 1.
2. The **new address** of *(name):*

   is as follows:

   a. Street:

   b. City:

   c. Mailing address *(if different from above):*

   d. State and zip code:

   e. Telephone number:

   f. Fax number *(optional):*

   g. E-mail address *(optional):*
3. **All notices and documents** regarding the action should be sent to the above address.

Date:

(TYPE OR PRINT NAME) (SIGNATURE OF PARTY OR ATTORNEY)

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PLAINTIFF: DEFENDANT:	CASE NUMBER:

PROOF OF SERVICE BY FIRST-CLASS MAIL
NOTICE OF CHANGE OF ADDRESS

(NOTE: You cannot serve the* Notice of Change of Address *if you are a party in the action. The person who served the notice must complete this proof of service.)

1. I am at least 18 years old and **not a party to this action.** I am a resident of or employed in the county where the mailing took place, and my residence or business address is *(specify):*

2. I served a copy of the *Notice of Change of Address* by enclosing it in a sealed envelope with postage fully prepaid and *(check one):*
   a. ☐ deposited the sealed envelope with the United States Postal Service.
   b. ☐ placed the sealed envelope for collection and processing for mailing, following this business's usual practices, with which I am readily familiar. On the same day correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service.

3. The *Notice of Change of Address* was mailed:
   a. on *(date):*
   b. from *(city and state):*

4. The envelope was addressed and mailed as follows:

   a. Name of person served:
      Street address:
      City:
      State and zip code:

   b. Name of person served:
      Street address:
      City:
      State and zip code:

   c. Name of person served:
      Street address:
      City:
      State and zip code:

   d. Name of person served:
      Street address:
      City:
      State and zip code:

☐ Names and addresses of additional persons served are attached. *(You may use form POS-030(P).)*

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 OF DECLARANT) ▶ (SIGNATURE OF DECLARANT)

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