

ATTORNEY (NAME, STATE BAR # AND ADDRESS): TELEPHONE NO. _____ FAX NO. (Optional) _____ EMAIL ADDRESS (Optional) _____ ATTORNEY FOR (NAME): _____	FOR COURT USE ONLY
Superior Court of California, County of Sacramento 720 Ninth Street, Room 102 Sacramento, CA 95814-1380 (916) 874-5522—Website www.saccourt.ca.gov	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
NOTICE OF CHANGE OF HANDLING ATTORNEY WITHIN-FIRM	

I, _____, hereby provide this Notice of Change of
Name of Attorney
 Handling Attorney to the Court and request the court take notice and change within-firm representation as follows:

My firm/government agency, _____,
(Firm/Agency Name)
 by, _____,
(Current Handling Attorney)

has made an appearance in the above-entitled action. I request to be replaced as counsel of record for the party(ies) on whose behalf the above-named attorney has appeared and further request the court to remove the above-named attorney from the Court's service list for this case only.

Please forward all further notices, pleadings, discovery and writings to my attention.

Attached is a proof of service for all case participants.

Date: _____

Signature

Notice of Change of Handling Attorney
Within-Firm

PLAINTIFF: DEFENDANT:	CASE NUMBER:
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PROOF OF SERVICE

I served the Notice of Change of Handling Attorney Within-Firm by depositing a true copy thereof, enclosed in separate and sealed envelopes with the postage fully prepaid, in the United States mail, addressed to each party or their attorney on _____, at _____, California.

At the time of service I was at least 18 years of age, a United States citizen employed/residing in the county where the mailing occurred, and not a party to the action. My residence/business address is:
 _____.

I declare under penalty of perjury that the foregoing is true and correct and this declaration was executed on _____ at _____.

Dated

Declarant

Notice of Change of Handling Attorney
 Within-Firm