ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY	
TELEPHONE NO.: FAX NO. (Optional):	-	
E-MAIL ADDRESS (Optional):		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS:  MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONER/PLAINTIFF:	,	
RESPONDENT/DEFENDANT:		
OTHER PARENT/CLAIMANT:		
	CASE NUMBER:	
NOTICE OF LIMITED SCOPE REPRESENTATION		
Amended	6	
1. Attorney (name):		
and party (name):		
have a written agreement that attorney will provide limited scope representation to the par	rty.	
2. Attorney will represent the party		
at the hearing on: and for any continuance of that hea	aring	
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):		
<ol><li>Attorney will serve as "attorney of record" for the party <u>only</u> for the following issues in this case:</li></ol>		
a. Child support: (1) Establish (2) Enforce (3) Modify (des	cribe in detail):	
h Chaucal aumart: (1) Establish (2) Enforce (3) Madifu (	describe in detail):	
b. Spousal support: (1) Establish (2) Enforce (3) Modify (c	iescribe in detail).	
c. Restraining order: (1) Establish (2) Enforce (3) Modify (	describe in detail):	
d Child and a high interior (1) Establish (2) Estarca (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):		
f. Pension issues (describe in detail):		

PETITIONER/PLAINTIFF:	CASE NUMBER:		
RESPONDENT/DEFENDANT:			
OTHER PARENT/CLAIMANT:			
g. Contempt (describe in detail):			
h. Other (describe in detail):			
i. See attachment 3i.			
<ol> <li>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.</li> </ol>			
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:	g		
(TYPE OR PRINT NAME)  Date:	(SIGNATURE OF PARTY)		
(TYPE OR PRINT NAME)	(SIGNATURE OF ATTORNEY)		

_	PETITIONER/PLAINTIFF:	CASE NUMBER:	
RE	SPONDENT/DEFENDANT:		
01	THER PARENT/CLAIMANT:		
PROOF OF SERVICE BY PERSONAL SERVICE MAIL			
1.	At the time of service I was at least 18 years of age and <b>not a party to this legal action</b>	ı <b>.</b>	
	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:		
	<ul> <li>Mail. I placed a copy of the Notice of Limited Scope Representation in the Unite postage fully prepaid. The envelope was addressed and mailed as follows:         <ul> <li>(1) Name of person served:</li> <li>(2) Address:</li> </ul> </li> </ul>	ed States mail, in a sealed envelope with	
	(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. 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) (SIG	NATURE OF PERSON SERVING NOTICE)	