ATTORNEY OR PARTY WITHOUT 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***
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Inyo STREET ADDRESS: 168 N. Edwards MAILING ADDRESS: P.O. Box Drawer U CITY AND ZIP CODE: Independence, CA 93526 BRANCH NAME:	CASE NUMBER:
Plaintiff/Petitioner: Defendant/Respondent:	JUDICIAL OFFICER:
PROOF OF ELECTRONIC SERVICE	DEPARTMENT:

1. I am at least 18 years old.
   a. My residence or business address is *(specify):*

   b. My electronic service address is *(specify):*

2. I electronically served the following documents *(exact titles):*

   Notice of Intent to Appear by Telephone.

   ☐ The documents served are listed in an attachment *(Form POS-050(D)/EFS-050(D) may be used for this purpose.)*

3. I electronically served the documents listed in 2 as follows:
   a. Name of person served:

      On behalf of *(name or names of parties represented, if person served is an attorney):*

   b. Electronic service address of person served *:*

   c. On *(date):*
   d. At *(time):*

   ☐ The documents listed in item 2 were served electronically on the persons and in the manner described in an attachment. *(Form POS-050(P)/EFS-050(P) may be used for this purpose.)*

Date:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(TYPE OR PRINT NAME OF DECLARANT) (SIGNATURE OF DECLARANT)

Form Approved for Optional Use
Judicial Council of California
POS-050/EFS-050 [Rev. January 1, 2015]

PROOF OF ELECTRONIC SERVICE
(Proof of Service/Electronic Filing and Service)

Cal. Rules of Court, rule 2.251
www.courts.ca.gov

For your protection and privacy, please press the Clear This Form button after you have printed the form.

Print this form Save this form Clear this form