

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): _____ _____ _____  TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____</b> STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PLAINTIFF/PETITIONER: _____ _____ DEFENDANT/RESPONDENT: _____ _____	CASE NUMBER: _____  DEPT.: _____
<b>NOTICE OF TERMINATION OR MODIFICATION OF STAY</b>	JUDICIAL OFFICER: _____

**To the court and all parties:**

1. A *Notice of Stay of Proceedings* was filed in this matter on (date): \_\_\_\_\_
2. Declarant named below is
  - a.  the party  the attorney for the party who requested or caused the stay.
  - b.  other (describe): \_\_\_\_\_  
\_\_\_\_\_
3.  The stay described in the above referenced *Notice of Stay of Proceedings*
  - a.  has been vacated by an order of another court. (Attach a copy of the court order.)
  - b.  is no longer in effect.
4.  The stay has been modified (describe): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. The stay has been vacated, is no longer in effect, or has been modified
  - a.  with regard to all parties.
  - b.  with regard to the following parties (specify by name and party designation): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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)



PLAINTIFF: _____ DEFENDANT: _____	CASE NUMBER: _____
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**PROOF OF SERVICE BY FIRST-CLASS MAIL  
NOTICE OF TERMINATION OR MODIFICATION OF STAY**

**(NOTE: You cannot serve the Notice of Termination or Modification of Stay 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 Termination or Modification of Stay* 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 Termination or Modification of Stay* 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: \_\_\_\_\_  
\_\_\_\_\_

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

b. 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)