SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

☐ **INDIO** 46-200 Oasis St., Indio, CA 92201

☐ **TEMECULA** 41002 County Center Dr., #100, Temecula, CA 92591

☐ **RIVERSIDE** 4050 Main St., Riverside, CA 92501

RI-PR066

ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, State Bar Number and Address*) TELEPHONE NO.: FAX NO. (*Optional*): E-MAIL ADDRESS (*Optional*): ATTORNEY FOR (*Name*):		*FOR COURT USE ONLY*
IN THE MATTER OF:		CASE NUMBER:
Hearing Date:	Time:	Department:

ACKNOWLEDGEMENT OF RECEIPT AND WAIVER OF NOTICE

To (insert name of party being served): _____

NOTICE

If you are receiving this on behalf of a corporation, an unincorporated association (including a partnership), or other entity, this form must be signed by you in the name of the entity or by a person authorized to receive service of process on behalf of the entity. In all other cases, this form must be signed by you personally or by a person authorized by you to acknowledge receipt of this document and waive notice. If you return this form to the sender, you will not receive further notice of this hearing.

(to be completed by sender):

This acknowledges that (name): _____ has filed the following document with the court: _____

_____

A hearing on the matter will be held on (date): _____ , at (time): _____ , in department: _____

The address of the court ☐ is noted above ☐ is (specify): _____

(to be completed by recipient):

I am aware that I am entitled, under the law, to receive notice of hearing a certain number of days prior to the hearing. By signing this document, I acknowledge receipt of the filed document and waive the requirement that I receive notice of this hearing. I understand that I am free not to sign this document.

Date this form is signed: _____

_____
(TYPE OR PRINT YOUR NAME AND NAME OF ENTITY, IF ANY, ON WHOSE BEHALF THIS FORM IS SIGNED)

_____
(SIGNATURE OF PERSON ACKNOWLEDGING RECEIPT, WITH TITLE IF SIGNED ON BEHALF OF ANOTHER PERSON OR ENTITY)