

ATTORNEY OR PARTY WITHOUT AN ATTORNEY: _____ STATE BAR NO: _____ NAME: FIRM NAME: STREET ADDRESS: CITY STATE ZIP CODE: TELEPHONE NO: _____ FAX NO: _____ E-MAIL ADDRESS ATTORNEY FOR (<i>name</i>)	<i>Reserved for Clerk's Filed Stamp</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES	
COURTHOUSE: ADDRESS: CITY & ZIP CODE:	
TRIAL COURT CASE NAME:	TRIAL COURT CASE NUMBER:
_____ : AND _____ :	APPELLATE CASE NUMBER:
_____ : AND _____ :	
REQUEST FOR ELECTRONIC DELIVERY OF THE RECORD ON APPEAL AND NOTICE OF ELECTRONIC DELIVERY ADDRESS	
NOTICE OF APPEAL DATE:	

The Superior Court of California, County of Los Angeles's preferred method for transmitting the record on appeal in the litigation type for the above listed case number is electronic. The record is placed in a repository and a two-factor authentication process is used to provide a secured link which allows access to retrieve and download the record.

1. The following party or The attorney for:

- a. plaintiff (*name*):
- b. defendant (*name*):
- c. petitioner (*name*):
- d. respondent (*name*):
- e. other (*describe*):

consents to electronic service of the record on appeal in the above-captioned action.

2. The e-mail address for the party or attorney identified in item 1 is (specify):

3. The cell phone number of the person identified in item 1 is (specify):

Note: the phone number provided must allow for text messaging, as an authentication code will be sent.

Both an e-mail address and cell phone number are **required** to electronically receive the record on appeal.

Date:

TYPE OR PRINT NAME

(SIGNATURE OF PARTY OR ATTORNEY)