

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE**

**BLYTHE** 265 N. Broadway, Blythe, CA 92225  
 **HEMET** 880 N. State St., Hemet, CA 92543

**INDIO** 46-200 Oasis St., Indio, CA 92201  
 **RIVERSIDE** 4175 Main St., Riverside, CA 92501

**RI-FL011**

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar Number and Address</i>)</p>  <p>TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____</p> <p>E-MAIL ADDRESS (<i>Optional</i>): _____</p> <p>ATTORNEY FOR (<i>Name</i>): _____</p>	<p style="text-align: center;"><i>FOR COURT USE ONLY</i></p>  <p style="text-align: center;"><b>CONFIDENTIAL</b></p> <p>CASE NUMBER: _____</p>
<b>CONFIDENTIAL CONTACT INFORMATION</b>	

If you would like to receive electronic self-help information about family law services from the court please complete the following:

I agree to receive self-help information from the court via email. The email address I want information sent to is:

\_\_\_\_\_

The court values your privacy. At no time will the court make your email address available to any third party.

If you would like to stop receiving electronic self-help information from the court please complete the following:

I no longer wish to receive self-help information from the court.

**Please Note:** As a party to this action, if you appear without an attorney, you are required to inform the court of any changes in your mailing address and phone number for so long as your case remains active in the court. If you are represented by an attorney, your attorney has an obligation to inform the court of any changes in his or her address and phone number for so long as he or she represents you in this case.

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 OF  ATTORNEY  PARTY MAKING DECLARATION) ▶ \_\_\_\_\_ (SIGNATURE)