

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

- D5 @ GDF-B; G** 3255 E. Tahquitz Canyon Wy, Palm Springs, CA 92262     **TEMECULA** 41002 County Center Dr., #100, Temecula, CA 92591  
 **RIVERSIDE** 4050 Main St., Riverside, CA 92501

**RI-PR066**

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar Number and Address</i> )		FOR COURT USE ONLY
TELEPHONE NO.: _____ FAX NO. ( <i>Optional</i> ): _____		CASE NUMBER: _____
E-MAIL ADDRESS ( <i>Optional</i> ): _____		
ATTORNEY FOR ( <i>Name</i> ): _____		
IN THE MATTER OF: _____		Department: _____
Hearing Date: _____	Time: _____	Department: _____
<b>ACKNOWLEDGMENT OF RECEIPT AND WAIVER OF NOTICE</b>		

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)