Page 1 of 2

ATTORNEY OR PAR	TY WITHOUT ATTORNEY (Name, ACBCI/State Bar number, and address):	FOR COURT USE ONLY
TELEPHON	IE NO.: FAX NO. (Optional):	
E-MAIL ADDRESS (O)	otional):	
ATTORNEY FOR (	Name):	
AGUA CALIEN	TE BAND OF CAHUILLA INDIANS TRIBAL COURT	
STREET ADD	RESS: 980 E. Tahquitz Canyon Way	
CITY AND ZIP	CODE: Palm Springs, CA 92262	
CASE N	AME:	
	SUBSTITUTION OF ATTORNEY—CIVIL	CASE NUMBER:
	(Without Court Order)	
THE COURT A	AND ALL PARTIES ARE NOTIFIED THAT (name):	makes the following substitution
2. New legal i	al representative Party represented self representative Party is representing self*	Attorney (name): Attorney
a. Name:		Agua/State Bar No.
	(number, street, city, ZIP, and law firm name, if applica	
	(,,,,,,,,,,,	
d. Telephor	ne No. (include area code):	
-		fendant petitioner respondent other (specify
, ,	<u> </u>	
	*NOTICE TO PARTIES APPLYING TO	DEDDECENT THEMSELVES
	NOTICE TO PARTIES APPLYING TO	REPRESENT THEMSELVES
	Guardian     Personal Representative	Guardian ad litem
	Corporation	Unincorporated
		association
If you are ap	oplying as one of the parties on this list, you may N	IOT act as your own attorney in most cases. Use this form
to substitute	e one attorney for another attorney. SEEK LEGAL A	ADVICE BEFORE APPLYING TO REPRESENT YOURSELF.
	NOTICE TO BARTIES WIT	THOUT ATTORNEYO
	NOTICE TO PARTIES WIT  A party representing himself or herself may wis	
	timely and appropriate action in this case may	_
	amory and appropriate dealers in this case may	Total III corrodo logal corrod que los correspondentes de la correspondente de la corresponde
4. I consent to	this substitution.	
Date:		<b>k</b>
		<b>7</b>
	(TYPE OR PRINT NAME)	(SIGNATURE OF PARTY)
5. I cor	nsent to this substitution.	
Date:	เออก เอ แมอ อนออแนแปน.	
<b>D</b> 410.		
	(TYPE OR PRINT NAME)	(SIGNATURE OF FORMER ATTORNEY)
		, , , , , , , , , , , , , , , , , , ,
	sent to this substitution.	
Date:		<b>k</b>
		<u> </u>
	(TYPE OR PRINT NAME)	(SIGNATURE OF NEW ATTORNEY)

(See reverse for proof of service by mail)

		MC-050		
CASE NAME:		CASE NUMBER:		
_				
	PROOF OF SERVICE BY MAIL Substitution of Attorney—Civil			
Instructions: After having all parties served by complete this Proof of Service by Mail. An undecument. Give the Substitution of Attorney-representing yourself, someone else must mail	<u>signed</u> copy of the Proof of Service by Mail -Civil and the completed Proof of Service	should be completed and served with the by Mail to the clerk for filing. If you are		
. I am over the age of 18 and <b>not a party to this cause.</b> I am a resident of or employed in the county where the mailing occurred. My residence or business address is (specify):				
<ol> <li>I served the Substitution of Attorney—Civil by enclosing a true copy in a sealed envelope addressed to each person whose name and address is shown below and depositing the envelope in the United States mail with the postage fully prepaid.</li> </ol>				
(1) Date of mailing:	(2) Place of mailing (city and state):			
3. I declare under penalty of perjury under the la	aws of the Agua Caliente Band of Cahuilla Inc	lians that the		
foregoing is true and correct.				
Date:				
(TYPE OR PRINT NAME)		(SIGNATURE)		
NAME AND ADDRES	SS OF EACH PERSON TO WHOM NOTICE	WAS MAILED		
4. a. Name of person served:				
b. Address (number, street, city, and ZIP):				
c. Name of person served: d. Address (number, street, city, and ZIP):				
e. Name of person served:  f. Address (number, street, city, and ZIP):				

g. Name of person served:

i. Name of person served:

h. Address (number, street, city, and ZIP):

j. Address (number, street, city, and ZIP):