

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: Brandon J. Mika, Esq. FIRM NAME: TIFFANY & BOSCO, PA STREET ADDRESS: 1455 Frazee Road, Suite 820 CITY: San Diego STATE: CA ZIP CODE: 92108 TELEPHONE NO.: 619-501-3503 FAX NO.: E-MAIL ADDRESS: bjm@tblaw.com ATTORNEY FOR (name): Darryl Cotton		FOR COURT USE ONLY ELECTRONICALLY FILED Superior Court of California, County of San Diego 02/17/2022 at 02:32:00 PM Clerk of the Superior Court By Malka Manneh, Deputy Clerk
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO STREET ADDRESS: 330 W. Broadway MAILING ADDRESS: 330 W. Broadway CITY AND ZIP CODE: San Diego, 92101 BRANCH NAME: Hall of Justice		
PLAINTIFF: Darryl Cotton DEFENDANT: Lawrence (aka Larry) Geraci, an individual OTHER:		CASE NUMBER: 37-2022-00000023-CU-MC-CTL
NOTICE OF LIMITED SCOPE REPRESENTATION <input type="checkbox"/> Amended		JUDGE: Hon. James A Mangione DEPT: C-75

[Note: This form is for use in civil cases other than family law. For family law cases, use form FL-950.]

- Attorney (name): **Brandon J. Mika / Evan Schube (pro hac)**
 and party (name): **Darryl Cotton**
 who is the ☒ petitioner/plaintiff ☐ respondent/defendant ☐ other (describe):
 have an agreement that the attorney will provide limited scope representation in this case to the party.
- The attorney will represent the party
 - ☒ at the hearing on (date): **2/25/22**
☒ and at any continuance of that hearing
☒ until submission of the order after hearing
 - ☐ at the trial on (date):
☐ and at any continuance of that trial
☐ until judgment
 - ☐ other (specify nature and duration of representation):
- By signing this form, the party agrees to sign *Substitution of Attorney-Civil* (form MC-050) at the completion of the representation described above.

PLAINTIFF: Darryl Cotton
DEFENDANT: Lawrence (aka Larry) Geraci, an individual
OTHER:

CASE NUMBER:
37-2022-00000023-CU-MC-CTL

4. During the limited scope representation, parties and the court must serve papers on both the attorney named above and directly on the party. (Cal. Rules of Court, rule 3.36.) The party's name and address for purpose of service are as follows:

Name: Darryl Cotton

Address (for the purpose of service):
6176 Federal Blvd. San Diego, CA 92114

Telephone: 619-954-4447

Fax:

This notice accurately states all current matters and issues on which the attorney has agreed to serve as an attorney for the party in this case. The information provided on this form is not intended to state all of the terms and conditions of the agreement between the party and the attorney for limited scope representation.

Date: 2/12/22

Darryl Cotton

(TYPE OR PRINT NAME OF PARTY)



(SIGNATURE OF PARTY)

Date: 2/15/22

Brandon J. Mika, Esq.

(TYPE OR PRINT NAME OF ATTORNEY)



(SIGNATURE OF ATTORNEY)

PLAINTIFF: Darryl Cotton
 DEFENDANT: Lawrence (aka Larry) Geraci, an individual
 OTHER:

CASE NUMBER:
 37-2022-00000023-CU-MC-CTL

PROOF OF SERVICE BY FIRST-CLASS MAIL

1. I am at least 18 years old and **not a party to this action**. I am a resident of or employed in the county where the mailing took place, and my residence or business address is (*specify*):
 1455 Frazee Road, Suite 820 San Diego, CA 92108

2. I served copies of the *Notice of Limited Scope Representation* (form CIV-150) by enclosing each of them in a sealed envelope with first-class postage fully prepaid and (*check one*):
 - a. ☐ deposited the sealed envelopes with the United States Postal Service.
 - b. ☒ placed the sealed envelopes for collection and processing for mailing, following this business's usual practices, with which I am readily familiar. On the same day correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service.

3. Copies of the *Notice of Limited Scope Representation* (form CIV-150) were mailed:
 - a. on (*date*): 2/17/22
 - b. from (*city and state*): San Diego, CA

4. The envelopes were addressed and mailed as follows:

<ol style="list-style-type: none"> a. Name of person served: James D. Crosby Street address: 550 W. C Street Suite 620 City: San Diego State and zip code: CA 92101 b. Name of person served: Street address: City: State and zip code: 	<ol style="list-style-type: none"> c. Name of person served: Street address: City: State and zip code: d. Name of person served: Street address: City: State and zip code:
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☐ Names and addresses of additional persons served are attached. (*You may use form POS-030(P).*)

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Date: 2/17/22

Brianna Birk

(TYPE OR PRINT NAME OF DECLARANT)

► 
 (SIGNATURE OF DECLARANT)