

IN THE DISTRICT COURT OF _____ COUNTY, KANSAS

IN THE MATTER OF:)
_____, Petitioner)
)
and)
_____, Respondent)
_____)

Case No.:

Pursuant to K.S.A. Chapter 60

NOTICE OF WITHDRAWAL OF ATTORNEY
ON CONCLUSION OF LIMITED SCOPE REPRESENTATION

In accordance with the agreement between the [] Petitioner/[] Respondent and the undersigned attorney for Limited Scope Representation, the undersigned attorney withdraws as an attorney of record in this case.

1. I was retained for the following limited scope services: [Provide a detailed description as was included in the Notice(s) of Limited Scope Representation.]
2. I have completed all services within the scope of my representation.
3. The last known service address for the [] Petitioner / [] Respondent is:
4. The last known phone number for the [] Petitioner / [] Respondent is:

Withdrawal of the attorney by this Notice will be approved by the Court on the date of the hearing included in the following Notice of Hearing, unless the Court sustains an objection by a party or counsel in this case.

Attorney: SCID#
Firm:
Add.:
City/St./Zip
Phone:

NOTICE OF HEARING

TAKE NOTICE that the above Notice of Withdrawal of Attorney on Conclusion of Limited Scope Representation will be summarily granted unless an objection to such is sustained by the Court on the ____ day of _____, 20____, at _____ .m. in the _____ Department/Division, Judge _____, _____ Floor, _____ County Courthouse, _____, _____, Kansas _____. If you intend to object, please contact the above signed attorney in advance of this scheduled hearing.

CERTIFICATE OF MAILING/DELIVERY

The undersigned attorney hereby certifies that on the ____ day of _____, 20____, a true and correct copy of the above and foregoing Notice of Withdrawal of Attorney on Conclusion of Limited Scope Appearance was served upon the following by depositing the same in the United States mail, postage prepaid, to all of the other known parties and counsel to this case who are listed below

Petitioner:
Address:

Respondent:
Address:

Attorney:
Firm:
Address:

ATTORNEY or Legal Assistant