

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF IMPERIAL 939 W. Main Street El Centro, CA 92243	
PETITIONER: RESPONDENT:	CASE NUMBER:
STIPULATION FOR CONTINUANCE	

Stipulated Continuance: Hearing Trial
 Original Date: _____ Proposed Date: _____
 Original Time: _____ Proposed Time: _____
 Dept: _____

By stipulated agreement, petitioner and respondent hereby apply for a court order continuing the hearing/trial. A hearing/trial in this matter is scheduled for _____. The original moving papers were filed by petitioner or respondent. I ask the court to continue my hearing/trial until (approximate date): _____ or take hearing/trial off calendar. I am requesting a continuance due to the following: _____

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

Date: _____ Signature: _____ Print Name: _____ Petitioner	Date: _____ Signature: _____ Print Name: _____ Petitioner's Attorney
Date: _____ Signature: _____ Print Name: _____ Respondent	Date: _____ Signature: _____ Print Name: _____ Respondent's Attorney

ORDER

UPON GOOD CAUSE, **IT IS HEREBY ORDERED** that the hearing/ trial presently scheduled for _____ at _____ am/pm in Department _____ is rescheduled as follows:

Date: _____ Time: _____ Dept: _____
Name and address of court if different than address above:

Or:
 the hearing/motion is taken off calendar.
 request is **DENIED**.

Date: _____

 Judge of the Superior Court

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