

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, state bar number, and address)</i>  TELEPHONE NO: _____ FAX NO: _____ ATTORNEY FOR <i>(NAME)</i> : _____	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA          COUNTY OF YUBA          215 5TH STREET, SUITE 200          MARYSVILLE CA 95901          (530) 740-1800</b>	
PLAINTIFF/PETITIONER:  DEFENDANT/RESPONDENT:	
<p style="text-align: center;"><b>APPLICATION AND ORDER FOR CONTINUANCE (Family Law)</b></p> <input type="checkbox"/> Trial <input type="checkbox"/> Specially Set Hearing/Status Conference	CASE NUMBER: _____

1.  Petitioner  Respondent requests that the Court continue the matter set for:  
 Date: \_\_\_\_\_ Time \_\_\_\_\_ Dept. \_\_\_\_\_ to the new date/time/dept. of:  
 Date: \_\_\_\_\_ Time \_\_\_\_\_ Dept. \_\_\_\_\_.

2.  This request is filed **more than 30 days** from the date of the hearing. Good cause exists for the continuance for the reasons stated in the attached declaration.

**OR**

This request if filed less **than 30 days** from the date of the hearing. Extraordinary circumstances exist for the continuance for the reason stated in the attached declaration.

3.  The other party in this case agrees to the continuance and has signed below.

**No court appearance is required for an application supported by a stipulation and supporting declarations, unless otherwise ordered by the Court: however, the \$20 continuance fee shall be paid to the Court Clerk's office at the time of filing, unless a fee waiver has been filed/approved.**

4. Original filing date of this matter: \_\_\_\_\_

5. Number of prior continuances for this matter: \_\_\_\_\_

6. Declaration in Support of Continuance is attached.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Requesting Party/Attorney

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Responding Party/Attorney

The Court has reviewed this motion and makes the following order:

Granted

Denied

Date: \_\_\_\_\_

\_\_\_\_\_  
Judge of the Superior Court