ATTORNEY OR PARTY WITHOUT ATTORNEY	STATI	E BAR NUMBER:		FOR COURT USE ONLY			
NAME:							
FIRM NAME:							
STREET ADDRESS:							
CITY:	STATE	ZIP CODE:					
TELEPHONE NO.:	FAX NO) .:					
E-MAIL ADDRESS:							
ATTORNEY FOR (name):							
SUPERIOR COURT OF CALIFORNI	A COUNTY OF						
STREET ADDRESS:	A, 0001111 01						
MAILING ADDRESS:							
CITY AND ZIP CODE:							
BRANCH NAME:							
PLAINTIFF/PETITIONER:							
DEFENDANT/RESPONDENT:							
OTHER PARENT/PARTY:			\$	SUPERIOR COURT CASE	NUMBER:		
APPELLANT'S MO	OTION TO USE A SET	TLED STATEMENT					
(UNLIMITED CIVIL CASE)				COURT OF ARREAL CASI	T NILIMPED /if Image		
			1	COURT OF APPEAL CASE	E NUMBER (IT KNOW	1):	
RE: Appeal filed on (date):							
	INSTRI	JCTIONS TO APPEL	LANT				
Use this form to request a continuous c				s transcript of the	trial court ora	ı	
proceedings for an appeal.	our order to use a sett	ilea staternent instead c	or a reporter s	s transcript or the	trial court oral		
	t the same time that we	u filo vour notice deciar	nating the re	and an annual			
Serve and file this motion a	<u>-</u>	•	naung me rec	оги оп арреат.			
File both forms in the super	ior court, not the Court	of Appeal.					
	N	INTICE OF HEADING	C				
NOTICE OF HEARING							
1. TO (name(s)):							
Petitioner Respondent Other parent/party Other (specify):							
2. A COURT HEARING WILL B	E HELD AS FOLLOW	5 :					
a. Date:	Time:		Dept.:		Room:		
b. Address of court same as noted above other (specify):							
3. WARNING to the person served with this motion: The court may make the requested order without you if you do not file a							
response opposing the motion, serve a copy on the other party or parties at least nine court days before the hearing, and appear at							
the hearing.							
•							
4. PROCEEDINGS							
I request that the following proceedings in the trial court be included in the settled statement. (You must identify each proceeding							
you want included by its date, the department in which it took place, a description of the proceeding (for example, the examination							
of jurors, motions before trial,	the taking of testimony	, or the giving of jury ins	structions), tl	he name of the co	urt reporter w	ho reported	
the proceedings (if any and if	known), and whether a	certified transcript of th	he designated	d proceeding was	previously pre	epared.)	
Date Department	Full/Partial Day	Description	Re	porter's Name	Prev. pre	pared?	
a.					Yes	☐ No	
b.					Yes	□ No	
						_	
C.					☐ Yes	□ No	
0.							
d.					□ Vec	□ No	
u.					∐ Yes	INO	
Additional proceedings are listed on a separate page or pages. (At the top of each page, write "Attachment 4" and begin with							
letter e.)	•	,	=	= '		-	
•						Page 1 of 2	

PLAINTIFF/F	PETITIONER:	SUPERIOR COURT CASE NUMBER:		
DEFENDANT/RE				
OTHER PARENT/PARTY:		COURT OF APPEAL CASE NUMBER (if known):		
	OR ALLOWING USE OF SETTLED STATEMENT upport your motion to use a settled statement by showing one or more of the	e following:		
	substantial cost saving will result and the statement can be settled without e court (explain):	significantly burdening opposing parties or		
b. Tr	he oral proceedings requested in item 4 cannot be transcribed because <i>(ex</i>	xplain):		
	do not have a fee waiver, but I am unable to pay for the reporter's transcript ranscript Reimbursement Fund (see rule 8.130(c)) <i>(explain):</i>	t and funds are not available from the		
Date:				
	>			
	(TYPE OR PRINT NAME)	(SIGNATURE OF APPELLANT OR ATTORNEY)		