ATTORNEY OR PARTY WITHOUT ATTORN	EY ST/	ATE BAR NUMBER	₹:	FOR C	OURT USE ONLY
NAME:					
FIRM NAME:					
STREET ADDRESS:					
CITY:	STA	TE: ZII	CODE:		
TELEPHONE NO.:	FAX	NO.:			
E-MAIL ADDRESS:					
ATTORNEY FOR (name):					
SUPERIOR COURT OF CALIFOR	NIA COUNTY OF				
STREET ADDRESS:	MIA, COUNT I OI				
MAILING ADDRESS:					
CITY AND ZIP CODE:					
BRANCH NAME:					
PLAINTIFF/PETITIONER:					
DEFENDANT/RESPONDENT:					
OTHER PARENT/PARTY:				SUPERIOR COURT CASE	NUMBER:
APPFI I ANT'S	MOTION TO USE A SE	TTI FD STA	TEMENT		
(UNLIMITED CIVIL CASE)			COURT OF ARREAL CASE	NUMBER /ff/mouseh	
	•	,		COURT OF APPEAL CASE	E NOMBER (II KNOWII).
RE: Appeal filed on (date)):				
	INSTE	RUCTIONS	TO APPELLAN	т '	
Use this form to request	_		_		trial court oral
proceedings for an appear		ottica statem	crit iristedd or a re	portor a transcript or the	inal court oral
Serve and file this motion		ou filo vour	notico docianatina	the record on annual	
	•	-	louce designating	ше тесога от арреат.	
File both forms in the sup	perior court, not the Cou	rt of Appeal.			
		NOTICE O	F HEARING		
		NOTICE	I IILANING		
1. TO (name(s)):					
Petitioner R	Respondent O	ther parent/p	artv 🗀 C	Other (specify):	
	· <u> </u>			(-1 2)	
2. A COURT HEARING WILL	BE HELD AS FOLLO	v5:			
a. Date:	Time:		□ Dent	🖂	Room:
b. Address of court same as noted above other (specify):					
3. WARNING to the person s	served with this motion	n: The court	may make the req	uested order without vol	ı if you do not file a
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.	, 13	, ,	•	,	ο, 11
-					
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 tri	al, the taking of testimor	ny, or the giv	ing of jury instructi	ons), the name of the co	urt reporter who reported
the proceedings (if any and	l if known), and whether	a certified tr	anscript of the des	ignated proceeding was	previously prepared.)
	de us dus l		1		1 .
Date Departmen	nt Full/Partial Day	Desc	ription	Reporter's Name	Prev. prepared?
a.					☐ Yes ☐ No
b.					☐ Yes ☐ No
C.					☐ Yes ☐ No
. .					
d.					☐ Yes ☐ No
u.					∐ Yes ∐ No
Additional proceeding	gs are listed on a separ	ate page or i	pages. (At the top	of each page, write "Atta	chment 4" and begin with
letter e.)		. 💆 '	- '	. •	ŭ
•					Page 1 of 3

		A11-025
PLAINT	FF/PETITIONER:	SUPERIOR COURT CASE NUMBER:
	T/RESPONDENT: PARENT/PARTY:	COURT OF APPEAL CASE NUMBER (if known):
	N FOR ALLOWING USE OF SETTLED STATEMENT st support your motion to use a settled statement by showing one or more o	f the following:
a	A substantial cost saving will result and the statement can be settled with the court (explain):	out significantly burdening opposing parties or
b	The oral proceedings requested in item 4 cannot be transcribed because	(explain):
C	I do not have a fee waiver, but I am unable to pay for the reporter's transcript Reimbursement Fund (see rule 8.130(c)) (explain):	ript and funds are not available from the
Date:	L	
	(TYPE OR PRINT NAME)	(SIGNATURE OF APPELLANT OR ATTORNEY)