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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 MADERA** | |
| STREET ADDRESS:  MAILING ADDRESS:  CITY AND ZIP CODE:  BRANCH NAME: |  |
| PLAINTIFF/PETITIONER:  DEFENDANT/RESPONDENT: | |
| **REQUEST FOR CALENDAR SETTING** | | CASE NUMBER: |

1. I request that this case be placed on calendar for the following reason:

Recall Bench Warrant

Default Hearing

Modification

Other:

2. Estimated time for hearing:

3. Requested Hearing Date:       Time: Dept.

**I AGREE TO NOTIFY THE CALENDAR OFFICE IMMEDIATELY IN WRITING IF I WISH TO TAKE THIS MATTER OFF CALENDAR. I ALSO UNDERSTAND THAT IF I CALENDAR A MATTER AND DO NOT APPEAR AT THE HEARING OR NOTIFY THE CALENDAR DESK IN WRITING THAT I WOULD LIKE THIS MATTER OFF CALENDAR, THE COURT WILL TAKE THE MATTER OFF CALENDAR ON ITS OWN MOTION. THE COURT MAY ALSO ISSUE SANCTIONS AGAINS ME, INCLUDING A MONETARY SANCTION UP TO $1000.00, OR DISMISS THE CASE OR BOTH.**

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| --- | --- | --- | --- | --- | --- |
| Date: |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  | Print/Type Name of Moving Party |  | Signature of Moving Party |

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| ***FOR COURT USE ONLY***  **CALENDARING:** | | | | | | | | |
| Hearing Date: |  | | Dept. : |  | | Time: |  | a.m./p.m. |
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