ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (*name*):	*FOR COURT USE ONLY*

SUPERIOR COURT OF CALIFORNIA, COUNTY OF
STREET ADDRESS:
MAILING ADDRESS:
CITY AND ZIP CODE:
BRANCH NAME:

PLAINTIFF/PETITIONER:

DEFENDANT/RESPONDENT:

OTHER:

ORDER ON REQUEST TO OPT OUT OF MANDATORY EXPEDITED JURY TRIAL PROCEDURES	CASE NUMBER:

The court has reviewed the request to opt out, along with any objection thereto, and makes the following orders:

1. ☐ The court **grants** the request. The case will *not* proceed under the mandatory expedited jury procedures.

2. ☐ The court **denies** the request to opt out for the following reason(s):

3. ☐ The court needs more information to decide whether to grant the request. A hearing is set on the date below:

Name and address of court if different from above:

Hearing Date → Date: _____ Time: _____

Dept.: _____ Room: _____

Request for Accommodation
Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least 5 days before the date on which you are to appear. Contact the clerk's office or go to *www.courts.ca.gov/forms* for *Request for Accommodations by Persons with Disabilities and Response* (form MC-410). (Civ. Code, § 54.8.)

Date: _____

_____
JUDICIAL OFFICER

Clerk's Certificate of Service

I certify that I am not a party to this action and *(check one)*:

☐ A certificate of mailing is attached.

☐ I handed a copy of this order to the applicant listed above, at the court, on the date below.

☐ This order was mailed first class, postage paid, to the applicant at the address listed above,
from *(city)*: _____, California on the date below.

Date: _____ By: _____
DEPUTY CLERK

**ORDER ON REQUEST TO OPT OUT OF
MANDATORY EXPEDITED JURY TRIAL PROCEDURES**