

PARTY WITHOUT ATTORNEY OR ATTORNEY		STATE 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 CALIFORNIA, COUNTY OF				
STREET ADDRESS:				
MAILING ADDRESS:				
CITY AND ZIP CODE:				
BRANCH NAME:				
PETITIONER/PLAINTIFF:				
RESPONDENT/DEFENDANT:				
OTHER PARENT/PARTY:				
RESPONSIVE DECLARATION TO REQUEST TO RESCHEDULE HEARING				
CASE NUMBER:				

Notice: Read *How to Reschedule a Hearing in Family Court* before you complete this form.

INFORMATION ABOUT THE HEARING

1. The person asking to reschedule the hearing is (*name*): _____
 2. The hearing is currently set for (*date*): _____
 3. The request to reschedule includes does not include temporary emergency (ex parte) orders previously issued.

RESPONSE TO REQUEST TO RESCHEDULE HEARING

4. I (select a or b)

a. consent to an order to reschedule the hearing.
 request that the hearing date be rescheduled as follows:

(1) After (*specify date*):

(2) On a date I am available, which does not include (*specify dates*):

(3) Other (*specify*):

b. do not consent to an order to reschedule the hearing for the following reasons (*specify*):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)



SIGNATURE