

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address) TELEPHONE NO: _____ FAX NO: _____ ATTORNEY FOR (NAME): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA COUNTY OF GLENN 526 W. SYCAMORE STREET WILLOWS, CA 95988 (530) 934-6446	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
<p style="text-align: center;">APPLICATION AND ORDER FOR CONTINUANCE (Family Law)</p> <input type="checkbox"/> Trial <input type="checkbox"/> Specially Set Hearing/Status Conference	CASE NUMBER: _____

1. Petitioner Respondent requests that the Court continue the matter set for:
 Date: _____ Time _____ Dept. _____ to the new date/time/dept. of:
 Date: _____ Time _____ Dept. _____.

2. This request is filed **more than 30 days** from the date of the hearing. Good cause exists for the continuance for the reasons stated in the attached declaration.

OR

This request if filed less **than 30 days** from the date of the hearing. Extraordinary circumstances exist for the continuance for the reason stated in the attached declaration.

3. The other party in this case agrees to the continuance and has signed below.

No court appearance is required for an application supported by a stipulation and supporting declarations, unless otherwise ordered by the Court: however, the \$20 continuance fee shall be paid to the Court Clerk's office at the time of filing, unless a fee waiver has been filed/approved.

4. Original filing date of this matter: _____

5. Number of prior continuances for this matter: _____

6. Declaration in Support of Continuance is attached.

Date: _____

Signature of Requesting Party/Attorney

Date: _____

Signature of Responding Party/Attorney

The Court has reviewed this motion and makes the following order:

Granted

Denied

Date: _____

Judge of the Superior Court