

SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF PLACER

ATTORNEY OR UNREPRESENTED PARTY <i>(Name, State Bar Number, and Address):</i> TELEPHONE NO.: EMAIL ADDRESS <i>(Optional)</i> : ATTORNEY FOR <i>(Name)</i> :	FOR COURT USE ONLY
Superior Court of California, County of Placer <input type="checkbox"/> 10820 Justice Center Drive <input type="checkbox"/> 2501 N. Lake Blvd. P. O. Box 619072 P.O. Box 5669 Roseville, CA 95661-9072 Tahoe City, CA 96145	
Petitioner: Respondent:	
REQUEST FOR CONTINUANCE: SMALL CLAIMS APPEAL HEARING	CASE NUMBER:

1. I, _____ the Plaintiff/Respondent Defendant/Appellant in this action hereby request that the Small Claims Appeal Hearing currently set in this matter on _____ (hearing date) be continued for at least _____ days. This continuance is necessary because:

See attachment for additional information.

2. A copy of this request for continuance has been mailed to the following named parties at the addresses indicated, pursuant to CCP § 116.570:

Name:
Street Address:
City, State and Zip Code:

Name:
Street Address:
City, State and Zip Code:

See attachment for the names and addresses of additional parties.

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

Executed on _____ (date) at _____ (City), California.

Type or Print Name

Signature

This request for continuance is:

Granted. The Small Claims Appeal Hearing is continued to _____, at _____ in Department _____ of this court, located at: 10820 Justice Center Drive, Roseville, CA 95678 2501 N. Lake Blvd. Tahoe City, CA 96145

Denied.

Dated: _____

Judicial Officer