

**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> :	<b>FOR COURT USE ONLY</b>
<b>Superior Court of California, County of Placer</b> <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	
Appellant:  Respondent:	
<b>REQUEST FOR CONTINUANCE: SMALL CLAIMS APPEAL HEARING</b>	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, Zip Code:

Name:
Street Address:
City, State, 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  
 101 Maple St. Auburn, CA 95603  
 2501 N. Lake Blvd. Tahoe City, CA 96145
- Denied.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Judicial Officer