ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address): TELEPHONE NO: FAX NO. (Optional) E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	**FOR COURT USE ONLY**
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MENDOCINO ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	CASE NUMBER:
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	HEARING DATE: TIME: DEPT.:

STIPULATION FOR CONTINUANCE OF HEARING OR TRIAL – Family Law

1. The case is set for hearing, trial and/or settlement conference as follows:

   a. ☐ Hearing is set on _____ at _____ in Dept. _____.
   (date) *(time)* *(Dept.)*

   b. ☐ Trial is set on _____ at _____ in Dept. _____.
   (date) *(time)* *(Dept.)*

2. Good cause exists for continuance because *(specify):*

3. Parties are available on the following dates:

   _____ _____

   _____ _____

4. ☐ All parties agree to this stipulation for continuance.

Date: _____

_____
☐ ATTORNEY FOR ☐ PETITIONER ☐ RESPONDENT

Date: _____

_____
☐ ATTORNEY FOR ☐ PETITIONER ☐ RESPONDENT