

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar Number and Address)</i></p> <p>TELEPHONE NO.: _____ FAX NO. <i>(Optional)</i>: _____</p> <p>E-MAIL ADDRESS <i>(Optional)</i>: _____</p> <p>ATTORNEY FOR <i>(Name)</i>: _____</p>	<p><i>For Court Use Only</i></p>
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MENDOCINO</p> <p><input type="checkbox"/> UKIAH Courthouse 100 North State Street Ukiah, CA 95482</p> <p><input type="checkbox"/> TEN MILE Branch Court 700 South Franklin Street Fort Bragg, CA 95437</p>	
<p>In the matter of the Adoption Petition of:</p> <p>Petitioner.</p>	
<p>REQUEST TO PLACE MATTER ON CALENDAR</p>	<p>Case No.</p>

Petitioner respectfully requests that the above matter be set for a hearing on the petition for adoption on _____, the _____ day of _____, 20____ in department _____ at _____ a.m. / p.m. of the above entitled court.

Dated: _____

Signature of Petitioner