		Services: (530) 661-26	
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address)	Telephone Number	FOR CO	JRT USE ONLY
E-MAIL ADDRESS:			
ATTORNEY FOR (Name):			
SUPERIOR COURT OF CALIFORNIA, COUNTY O	DF YOLO		
PETITIONER:		CASE NUMBER:	
RESPONDENT:			
OTHER PARENT:			
REQUEST FOR CONT	INUANCE	HEARING DATE:	
	DSC MSC	TIME: COURTROOM:	
THIS FORM MUST BE SUBMIT			
Complete Section 2 if this is NOT the first time the parties have requested a continuance. Section 3 must be completed by all requesting parties. Section 1: First Continuance I have not been able to serve the opposing party. This is the first request for a stipulated continuance. (Both parties must sign this form) Section 2: Further Continuances This OSC, Motion or MSC has been continued before. Total number of prior continuances: I have not been able to serve the opposing party. The parties are requesting another continuance. Attached is a declaration that establishes good cause for this request. Section 3: Requested Date: Court Hearing: Date: Time:			
Mediation: Dates/Times:			
Signature of Requesting Party or Attorney	Phone No.	Fax No.	Date
Signature of Responding Party or Attorney	Phone No.	Fax No.	Date
Signature of DCSS (if applicable) ORDER			
Granted Denied. Additional Comments:			
Date:Judicial Officer			

REQUEST FOR CONTINUANCE