

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar Number and Address)</i> TELEPHONE NO.: _____ FAX NO: (Optional) _____ ATTORNEY FOR (NAME): _____	<i>FOR COURT USE ONLY</i>
AMADOR COUNTY SUPERIOR COURT 500 ARGONAUT LANE JACKSON, CA 95642 (209) 257-2603 www.amadorcourt.org	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
STIPULATION AND ORDER FOR CONTINUANCE OF HEARING (FAMILY LAW)	

A separate form is required for each family law hearing for which a continuance is being requested.

1. This request is being made by way of stipulation (agreement) of the parties.
2. Type of family law hearing being continued:
 - Request for Order (or motion) that was filed on _____ and requested relief for:
 - Child Custody Visitation Child Support Spousal/Partner Support Attorney Fees
 Property/ Restraint Control Discovery Sanctions
 Other: _____
 - Case Status Conference Mandatory Settlement Conference Trial/Evidentiary Hearing
3. Number of times any party has applied for a continuance of the hearing: _____
4. The opposing party(s) indicated they do not object to this request.
5. The child custody mediation appointment scheduled for _____ at _____ a.m. p.m. needs to be continued.
6. The Request for Order does does not include temporary emergency court orders, an order to appear, an order to attend mediation, an order shortening time or other court orders of any kind which requires the court to reissue the order in accordance with California Rules of Court, rule 5.94.
7. I (we) understand and agree that:
 - a. Every continuance requires a written request and a court order, including stipulations.
 - b. The statutory continuance fee must be paid with each continuance request.
 - c. Submission through the clerk is **not** an automatic grant of continuance.
 - d. I must pick up my copy of the signed order unless I have provided a self addressed stamped envelope for my copies to be mailed.

PETITIONER:	CASE NUMBER:
RESPONDENT:	

8. I (we) suggest the following alternative hearing dates if the continuance is granted: _____

We declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: _____

 (TYPE OF PRINT NAME)

▶ _____
 (SIGNATURE OF PETITIONER)

Date: _____

 (TYPE OF PRINT NAME)

▶ _____
 (SIGNATURE OF ATTORNEY FOR PETITIONER)

Date: _____

 (TYPE OF PRINT NAME)

▶ _____
 (SIGNATURE OF RESPONDENT)

Date: _____

 (TYPE OF PRINT NAME)

▶ _____
 (SIGNATURE OF ATTORNEY FOR RESPONDENT)

ORDER ON STIPULATION FOR CONTINUANCE

The Stipulation for Continuance is:

- Granted**
- Denied**
- Other Orders:** _____

IT IS SO ORDERED.

Date: _____

 JUDICIAL OFFICER)

FOR COURT USE ONLY

- Hearing continued to _____ at _____ a.m. p.m. in Department _____
- Child Custody Mediation appointment set for/continued to _____ at _____ a.m. p.m.