Attorney or Party Without Attorney (Name, Address, Telephone, Fax) State Bar No.: Attorney for: _____ Designate party and name	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SOLANO ☐ 600 Union Avenue / P.O. Caller 5000 Fairfield, CA 94533-5000 ☐ 321 Tuolumne Street Vallejo, CA 94590	
PLAINTIFF(S):	Case Number:
DEFENDANT(S):	**This case assigned for all purposes to:** Judge: Dept:

REQUEST FOR EXTENSION OF TIME (re Filing Responsive Pleading)

_____ , _____ , pursuant to Rule _____ ,
Party designation Name of Party

local Rules of Court, requests an extension of time for filing of a responsive pleading in this matter.

The reason for this request is (state specific facts that demonstrate good cause):

_____

_____

I am requesting that the time to accomplish the above be extended to:

_____

Next court appearance: _____ Purpose: _____

Date: _____ _____
Signature of Attorney

_____ _____
Signature of Requesting Party (in pro per) Print or Type Name of Attorney

ORDER

After having reviewed the above Request for Extension of Time, the Court:

☐ grants the request ☐ denies the request

☐ grants the request with the following modification: _____

_____

☐ sets the request for hearing on _____ at _____ am/pm in Department _____ .

Moving party shall serve a copy of this order on all other parties within 5 days of this order.

Date: _____ _____
JUDGE OF THE SUPERIOR COURT

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