

Attorney or Party Without Attorney (Name, Address, Telephone, Fax) State Bar No.: _____ Attorney for: _____ <div style="text-align: center; font-size: small;">Designate party and name</div>	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SOLANO	
<input type="checkbox"/> 600 Union Avenue / P.O. Caller 5000 Fairfield, CA 94533	<input type="checkbox"/> 580 Texas Street Fairfield, CA 94533
PLAINTIFF(S):	Case Number:
DEFENDANT(S):	This case assigned for all purposes to: Judge: _____ Dept: _____
REQUEST FOR EXTENSION OF TIME (re Proof of Service of Summons)	

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

local Rules of Court, requests an extension of time to effect proof of service of the summons 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 is 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 _____