

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 <input type="checkbox"/> 580 Texas Street Fairfield, CA 94533 Fairfield, CA 94533	
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