Attorney or Party Without Attorney (Name, Address, Telephone, Fax) State Bar No.: Attorney for: _____ Designate party and name	
SUPERIOR COURT OF CALFORNIA, COUNTY OF SOLANO ☐ 600 Union Avenue / P.O. Caller 5000 Fairfield, CA 94533 ☐ 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

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