ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Ba	ar number, and address)		FOR COURT USE ONLY
TELEPHONE NO.:	FAX NO. (Option	nal):	
E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):			
SUPERIOR COURT OF CALIFORNIA, ALAMED	DA COUNTY		_
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE: BRANCH NAME			
PETITIONER/PLAINTIFF:			
RESPONDENT/DEFENDANT:			
OTHER:			
			CASE NUMBER:
JOINT APPLICATION AND ORDER FOR CONTINUANCE OF SETTLEMENT CONFERENCE, LONG CAUSE HEARING, OR TRIAL			
1. The case is set for settlement conference	, long-cause hearing	, or trial as follows:	
a. Settlement conference is set on (de	ate):	at (time):	in Dept.
b. Long-cause hearing or trial is set o	n <i>(date):</i>	at (time):	in Dept.
2. Good cause exists for continuance becau	ise (specify):		
3. During the 90 days immediately following unavailable dates):	the filing of this appl	ication, a party or attorno	ey is unavailable on the following dates (list
We prefer that the matters be reset on the fo	ollowing date(s) (list	preferred dates):	
Date	•		
Date:		☐ ATTORNEY FOR ☐ PETITIONER ☐ RESPONDENT ☐ OTHER	
Date:	•		
		☐ ATTORNEY FOR ☐ PETITIONER ☐ RESPONDENT ☐ OTHER	
4. The application is GRANTED DEI	NIED.		
5. The case is reset as follows:			
a. Status conference is set on	(date):	at (time):	in Dept.
a. Case resolution conference is set of			in Dept.
		at (time):	
b. Settlement conference is set on	(date):	at (time):	in Dept.
c. 🗌 Trial is set on	(date):	at (time):	in Dept.
Date:			

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