

PARTY (Name and address): TELEPHONE NO. (Optional): E-MAIL ADDRESS (Optional): FAX NO. (Optional):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF: DEFENDANT:	
REQUEST TO POSTPONE SMALL CLAIMS HEARING	CASE NUMBER:

IMPORTANT NOTICES

A copy of this request must be mailed or personally delivered to each of the other parties in this case. File the original request with the court and keep a copy. (Code Civ. Proc., § 116.570(a)(3).)

If the request is not filed with the court at least *10 days* before the hearing, the requesting party must give the court a good reason why the request is being filed later. (*Explain under item 2b below.*) The court will decide whether good cause was shown. (Code Civ. Proc., § 116.570(a)(2).) If the court denies your request to postpone, your case will remain set on the original date.

If the plaintiff's claim was timely served on the defendant, there is a non-refundable \$10 fee for filing a request to postpone the hearing. (Code Civ. Proc., § 116.570(d).) Submit the fee with this request.

REQUEST

1. I am the plaintiff defendant in this case.

2. a. I request that my small claims hearing (*date*): _____ be postponed for the following reason (*be specific*): _____

- b. This request is being made less than 10 days before hearing for the following reason (*be specific*): _____

3. a. A copy of this request was mailed personally delivered to each of the other parties in this case on (*date*): _____ at the following address as required by Code of Civil Procedure section 116.570(a)(3) (*specify name and address*): _____

- b. (*Optional*) In addition to the requirement above, each of the other parties was also notified of this request by telephone e-mail fax on (*date*): _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

▶

(SIGNATURE)