ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address)	Telephone Number	FOR COURT USE ONLY
Fax Number (Optional)		
E-MAIL ADDRESS (Optional)		
Self-Represented or Attorney for (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
☐ 800 SOUTH VICTORIA AVE. VENTURA, (	SA 93009	
4353 EAST VINEYARD AVE. OXNARD, C	CA 93036	
PLAINTIFF/PETITIONER		
DEFENDANT/RESPONDENT		
NOTICE OF MOTION FOR ORDER CONTINUING		CASE NUMBER:
☐ MEDIATION ☐ MSC	☐ TRIAL	HEARING DATE:
STATUS CONFERENCE	ARBITRATION CONFERENCE	TIME:
CASE MANAGEMENT	MESC	COURTROOM:
OTHER	☐ EXPARTE	RESERVATION #:
		(if required)
·	ounty Superior Court Rules, for an ord	
	DECLARATION	
l,	, declare as follows:	
A. I am the ☐ Plaintiff/Petitioner ☐ true, and I am competent to testif	•	personally know the following facts to be
B. I am unable to appear at, or I nee	d to continue the hearing because:	
<del></del>		
<del></del>		
<del></del>		

Short T	itle Case Number
the	t learned of the schedule conflict on (date) I notified the other party in this case about schedule conflict on (date) The other party ☐ has ☐ has not agreed to the tinuance.
D. I wil	be available to appear in court on or after (date)
	ve discussed the continuance or attempted to discuss the continuance, with the other party and the following ne result: <i>(check one below):</i>
	The other party or their attorney of record in this case has informed me that they will be available to appear in court on or after (date)
	OR
	The other party or their attorney of record in this case has informed me that they oppose my request for continuance.
	OR
	I have taken reasonable steps to contact the other party or their attorney of record to discuss my request for continuance and was unable to reach them. My attempts to reach them include the following:
clare unde	er penalty of perjury under the laws of the State of California that the foregoing is true and correct.
ed:	at,,, (City and State where signed)
t name of na	rty requesting continuance) (Signature of party requesting continuance)