

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	
REQUEST TO RESCHEDULE HEARING	CASE NUMBER:

Notice: Read *How to Reschedule a Hearing in Family Court (form FL-304-INFO)* before you complete this form.

Notice: Do not use this form to ask to change the date of a domestic violence restraining order hearing. For more information, read *DV-115-INFO, How to Ask for a New Hearing Date*.

CASE INFORMATION

1. Name of person asking to reschedule the hearing (specify):
 - a. I am the party who filed the *Request for Order* (form FL-300), order to show cause, or other moving paper in item 2.
 - b. I am the party who is responding to the *Request for Order* (form FL-300), order to show cause, or other moving paper in item 2.
2. I ask that the court reschedule the hearing date for the (select one)
 - a. *Request for Order*.
 - b. *Order to Show Cause* for contempt. seek work.
 - c. other (specify):
3. The item in 2 was filed on (date):
4. The hearing is currently set for (date):
5. The court did not issue temporary emergency (ex parte) orders with the item in 2.

REQUEST

6. I request that the hearing be rescheduled as follows:
 - a. After (specify date):
 - b. On a date I am available, which does not include (specify dates):
 - c. Other (specify):

REASON FOR RESCHEDULING

7. The hearing needs to be rescheduled because (select all that apply)
 - a. the papers were not served before the hearing date.
 - b. the parties need to attend child custody mediation or child custody recommending counseling before the hearing.
 - c. other good cause as stated below: on Attachment 7c.

