

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:	
RESPONSIVE DECLARATION TO 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.

INFORMATION ABOUT THE HEARING

1. The person asking to reschedule the hearing is (name):
2. The hearing is currently set for (date):
3. The request to reschedule includes does not include temporary emergency (ex parte) orders previously issued.

RESPONSE TO REQUEST TO RESCHEDULE HEARING

4. I (select a or b)
 - a. consent to an order to reschedule the hearing.
 request that the hearing date be rescheduled as follows:
 - (1) After (specify date):
 - (2) On a date I am available, which does not include (specify dates):
 - (3) Other (specify):
 - b. do not consent to an order to reschedule the hearing for the following reasons (specify):

Attachment 4b

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

