

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):   TELEPHONE NO: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA</b> 200 South G Street Madera, California 93637 Civil Division	
PLAINTIFF/PETITIONER:  DEFENDANT/RESPONDENT:	
<b>REQUEST AND ORDER FOR CALENDAR SETTING – CIVIL DIVISION</b>	CASE NUMBER: _____

1. I request that this case be placed on calendar for the following reason:

- Recall Bench Warrant
- Default Hearing
- Modification
- Other: \_\_\_\_\_

2. Estimated time for hearing: \_\_\_\_\_

3. Requested Hearing Date: \_\_\_\_\_

**I AGREE TO NOTIFY THE CLERK OF THE COURT IN THE CIVIL DIVISION IMMEDIATELY IN WRITING IF I WISH TO TAKE THIS MATTER OFF CALENDAR. I ALSO UNDERSTAND THAT IF I CALENDAR A MATTER AND DO NOT APPEAR AT THE HEARING OR NOTIFY THE CLERK OF THE COURT IN THE CIVIL DIVISION IN WRITING THAT I WOULD LIKE THIS MATTER OFF CALENDAR, THE COURT WILL TAKE THE MATTER OFF CALENDAR ON ITS OWN MOTION. THE COURT MAY ALSO ISSUE SANCTIONS AGAINST ME, INCLUDING A MONETARY SANCTION UP TO \$1,500.00 PER CCP§177.5, OR DISMISS THE CASE OR BOTH.**

Date: \_\_\_\_\_

\_\_\_\_\_

Print/Type Name of Moving Party

\_\_\_\_\_

Signature of Moving Party

**ORDER (FOR COURT USE ONLY)**

Schedule for Hearing:  Yes  No

Additional Order(s): \_\_\_\_\_

Hearing Date: \_\_\_\_\_ Dept.: \_\_\_\_\_ Time: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

**JUDGE OF THE SUPERIOR COURT**