ATTORNEY OR PARTY WI	THOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY	
TELEPHONE NO: E-MAIL ADDRESS (Optio ATTORNEY FOR (Name)			
	DF CALIFORNIA, COUNTY OF MADERA 200 South G Street		
MAILING ADDRESS: CITY AND ZIP CODE:	200 South G Street		
BRANCH NAME: PLAINTIFF/PETITION	Juvenile Division	_	
DEFENDANT/RESPO			
REQUEST FOR CALENDAR SETTING - JUVENILE DIVISION		CASE NUMBER:	
1. I request that this case be placed on calendar for the following reason:			

Modification

Other:

2. Estimated time for hearing:

3. Requested Hearing Date: ____

I AGREE TO NOTIFY THE CALENDAR OFFICE 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 CALENDAR DESK IN WRITING THAT I WOULD LIKE THIS MATTER OFF CALENDAR, THE COURT WILL TAKE THE MATTER OFF CALENDAR ON ITS OWN MOTION.

Date:

	Print/Type Name of Moving Party		Signature of Moving Party
CALENDARING:			
Hearing Date:	Dept. :	Time:	a.m./p.m.
PROOF OF NOTIFICATION:			
Name of Party Notified:		Date:	Notified by: Phone 🗌 Mail 🗌 Will-Call Box 🗌 Email
Mailing Address:			
Name of Party Notified:		Date:	Notified by:
Mailing Address:			
Name of Party Notified:		Date:	Notified by: Phone Mail Will-Call Box Email
Mailing Address:			
Name of Party Notified:			Notified by:
Mailing Address:			
Name of Party Notified:			Notified by:
Mailing Address:			