

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO.(Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO	
<input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
PETITIONER	
RESPONDENT	
OTHER PARTY	
STIPULATION AND ORDER - SHORT FORM	
CASE NUMBER	

No hearing on calendar Hearing Date: _____ Time: _____ a.m. p.m. Department: _____

THE PARTIES STIPULATE AND AGREE TO THE FOLLOWING; ALL PRIOR ORDERS NOT IN CONFLICT REMAIN IN FULL FORCE AND EFFECT:

This matter continued to: Hearing Date: _____ Time: _____ a.m. p.m. Department: _____

SIGNATURES OF PARTIES

Additional page(s) attached; all signatures follow last attachment. Number of pages attached: _____.

We have read the entire stipulation and agreement. We understand it fully and request the court to make our stipulation and agreement the court's order. We understand that willful failure to comply with the provisions of this order will be a contempt of court and may be punished by fine and imprisonment. We waive all further notice of this order.

Date: _____

Signature of Petitioner Attorney for Petitioner

Date: _____

Signature of Respondent Attorney for Respondent

Date: _____

Signature of Other Party Attorney for Other Party

IT IS SO ORDERED.

Date: _____

Judge/Commissioner of the Superior Court