



(For court use only)

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

SUBMITTED ORDER

(Place on Top of Proposed Order)

Resubmit # _____

Date Received: _____

Case Number: _____

Case Name: _____

ROA#: _____

Petition: _____

Party Filing Order: _____

MEANS OF RETURN OF ORDER

- Attorney Service (*Attorney Service Name, if no slip provided*): _____
- Self-Addressed Stamped Envelope

Initial Hearing Date: _____
(Date, Time and Dept. #)

Continued Hearing Date: _____
(Date, Time and Dept. #)

Continued Hearing Date: _____
(Date, Time and Dept. #)

Continued Hearing Date: _____
(Date, Time and Dept. #)

Continued Hearing Date: _____
(Date, Time and Dept. #)

EXAMINER NOTES

Assigned Examiner: _____

- Pre-approved.
 - Issue Letter/Order upon clearing examiner defects: _____
 - See Examiner comments: _____
 - Do not issue Order/Letters - see order defects: _____
 - Comments: _____
- _____
- _____
- _____
- _____