

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b> <input type="checkbox"/> CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, HALL OF JUSTICE, 330 W. BROADWAY, 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	
PLAINTIFF(S)	JUDGE
DEFENDANT(S)	DEPT
<b>STIPULATION TO RESET TRIAL AND RELATED DATES</b>	CASE NUMBER

	Dates Before Transfer Order	Proposed New Dates
<b>Trial Call</b>	_____	_____
<b>Trial Readiness Conference</b>	_____	_____
<b>Discovery Cutoff</b>	_____	_____
<b>1<sup>st</sup> Exchange of Experts</b>	_____	_____
<b>Supp. Exchange of Experts</b>	_____	_____

All parties stipulate to reset the trial and related dates as proposed above. The parties represent that they anticipate no need to have any law-and-motion matters resolved before trial.

Date: _____	Name: _____ (PRINT)	Attorney for: _____
	Signature: _____	
Date: _____	Name: _____ (PRINT)	Attorney for: _____
	Signature: _____	
Date: _____	Name: _____ (PRINT)	Attorney for: _____
	Signature: _____	
Date: _____	Name: _____ (PRINT)	Attorney for: _____
	Signature: _____	
Date: _____	Name: _____ (PRINT)	Attorney for: _____
	Signature: _____	

[add sheet with additional signatures if necessary]

**IT IS SO ORDERED.**

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

\_\_\_\_\_  
Judge of the Superior Court