

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b> <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"/> EAST COUNTY DIVISION, RAMONA, 1428 MONTECITO RD., RAMONA, CA 92065 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., STE. 1000, VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
PLAINTIFF(S)/PETITIONER(S)	<input type="checkbox"/> JUDGE _____
DEFENDANT(S)/RESPONDENT(S)	<input type="checkbox"/> MASTER CALENDAR <input type="checkbox"/> DEPT _____
<b>CERTIFICATE OF: PROGRESS; INABILITY TO RESPOND; INABILITY TO DEFAULT</b>	CASE NUMBER _____

**MUST BE FILED ON COURT APPROVED FORM WITH A STAMPED, SELF-ADDRESSED ENVELOPE OR MESSENGER SERVICE SLIP.**

The  plaintiff(s)  defendant(s) in the above-entitled case, by and through their attorney(s) \_\_\_\_\_  
 \_\_\_\_\_ certify that: **(CHECK ONE BOX)**

Plaintiff has been unable to serve the complaint on defendant(s) \_\_\_\_\_  
 (May list more than one defendant)

Plaintiff requests stay under claim for uninsured/underinsured as to: \_\_\_\_\_  
 (List individual(s) or "ALL")

Defendant was served on \_\_\_\_\_, and is unable to answer or otherwise respond.

Plaintiff served defendant on \_\_\_\_\_, but was unable to request entry of default.

Plaintiff served defendant on \_\_\_\_\_, but was unable to request entry of judgment.  
 (Limited collection cases pursuant to Cal. Rules of Court, rule 3.740)

Therefore, it is requested that the time be extended until \_\_\_\_\_ for filing of a(n):

- CERTIFICATE OF SERVICE (SDSC Form #CIV-345)
- ANSWER OR OTHER DEFENDANT APPEARANCE
- REQUEST FOR ENTRY OF DEFAULT (JC Form #CIV-100)
- REQUEST FOR ENTRY OF JUDGMENT (JC Form #JUD-100)

Reason(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct:

Date: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ SIGNATURE OF ATTORNEY

<b>FOR COURT USE ONLY</b>
<input type="checkbox"/> EXTENSION GRANTED - DOCUMENT CHECKED ABOVE SHALL BE FILED NO LATER THAN: _____
<input type="checkbox"/> EXTENSION DENIED - THIS MATTER IS SET FOR HEARING ON _____ AT _____ .M. DEPT _____ <input type="checkbox"/> INSUFFICIENT REASON FOR DELAY OF CASE. <input type="checkbox"/> OBTAIN ORDER FOR PUBLICATION IMMEDIATELY.
DATE: _____ _____ _____ JUDGE OF THE SUPERIOR COURT
<input type="checkbox"/> NOTICE TO COUNSEL REQUESTING EXTENSION: After court's decision, you must serve a copy of this certificate on all counsel concerned.