

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, JUVENILE COURT, 2851 MEADOW LARK DR., SAN DIEGO, CA 92123 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., SUITE 130, VISTA, CA 92081	
IN THE MATTER OF _____	
CONTINUANCE REQUEST	CASE NUMBER _____

I am requesting a continuance for the citation hearing currently set on: _____.

Name(s) on citation: _____

Reason for continuance request:

Date: _____

Signature of Requestor

ORDER

Continuance request is:

Granted. Hearing is continued to: Date: _____ Time: _____ Dept.: _____

Denied. Hearing remains as set.

Date: _____

Judge/Referee of the Superior Court