RETURN FAX TO:
Ventura: Dept. 31/32/35: (805) 477-1900
Dept. 33/36: (805) 477-7118

VN227

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address) Telephone Number BAR NUMBER: ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA ☐ 800 SOUTH VICTORIA AVE. VENTURA, CA 93009	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
FAMILY LAW **APPLICATION AND ORDER FOR CONTINUANCE** ☐ TRIAL ☐ SPECIALLY SET EVIDENTIARY HEARING	CASE NUMBER:

1. ☐ Petitioner ☐ Respondent requests the court to continue the matter set for:
   Date: _____ Time:_____ Dept._____ be continued in that department to
   Date: _____ Time:_____. This date has been approved by the Judicial Assistant.

2. ☐ This request is filed **more than 30 days** from the date of the hearing. Good cause exists for the continuance for the reasons stated in the attached declaration.

   OR

   ☐ This request is filed **less than 30 days** from the date of the hearing. Extraordinary circumstances exist for the continuance for the reasons stated in the attached declaration.

3. ☐ The other party in this case agrees to the continuance and has signed below.

   No appearance is required for an application supported by a stipulation and supporting declarations, unless otherwise ordered by the court.

4. Original filing date of this matter: _____

5. Number of prior continuances for this matter _____

6. Declaration in Support of Continuance is ATTACHED.

Signature of Requesting Party/Attorney: _____

Signature of Responding Party/Attorney: _____

-- ORDER --

The Court has reviewed this motion and makes the following order: ☐ Granted ☐ Denied

Date: _____ ____ _____
Judicial Officer of the Superior Court