RETURN FAX TO: Dept. 31-36: (805) 477-5893 OR Scan to Chambersfax30-37@ventura.courts.ca.gov VN230

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address) Telephone Number E-MAIL ADDRESS ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA 800 SOUTH VICTORIA AVE. VENTURA, CA 93009	
PETITIONER: RESPONDENT:	CASE NUMBER:
REQUEST FOR ☐ **CONTINUANCE ($20)** ☐ **OFF CALENDAR** ☐ MOTION / RFO ☐ MSC ☐ TRIAL / EVIDENTIARY HEARING	HEARING DATE: _____ TIME: _____ COURTROOM: _____

MEDIATION: To continue a mediation, you must: obtain a new date(s) from Family Court Services at 805 289-8735 **before** submitting this form to the Court at **Fax: (805) 477- 5893 or Scan: Chambersfax30-37@ventura.courts.ca.gov**

► **The new mediation date is:** _____ **@** _____

MOTION / RFO / MSC ONLY: [submit form no less than TWO COURT DAYS before date currently set]

☐ This is the first request for a stipulated continuance. (Both parties must sign this form)

☐ This matter has been continued before. Total number of prior continuances: ☐

The parties are requesting another continuance. **Attached** is a declaration that establishes good cause to continue.

The requested date / time is: _____ **@** _____

☐ I have not served the other party with the Motion / RFO and want to take the matter off calendar.

☐ The parties agree to have the Motion / RFO taken off calendar. (Both parties must sign this form)

☐ The parties agree to have the MSC taken off-calendar because it is: (Both parties must sign this form)

☐ Not Ready ☐ Settled. A status conference or CRC re: submission of judgment will be set by court.

EVIDENTIARY HEARING / TRIAL ONLY: (Both parties must sign this form)

This request is filed: ☐ **more than 30 days** in advance for good cause set forth in the declaration ☐ **less than 30 days** in advance due to extraordinary circumstances set forth in the declaration. Number of prior continuances: ☐

The judicial secretary has reserved the continued date of _____ **@** _____

☐ **Off Calendar** This matter is settled. A CRC re: Submission of Judgment will be set by the court (Trials only).

Signature of Requesting Party or Attorney	Phone No.	Fax No. or email	Date
Signature of Responding Party or Attorney	Phone No.	Fax No. or email	Date

Signature of DCSS (if applicable)

----- ORDER -----

☐ ☐ ☐ ☐ ☐

☐ ☐ ☐

ADDITIONAL ORDERS: _____

Date

Judicial Officer

Mandatory Form
VN230 (Rev. 10/25)

REQUEST FOR CONTINUANCE / OFF CALENDAR

VCSC Rule 9.12;
Gov. Code 70677(c)

SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA	FOR COURT USE ONLY
☐ 800 SOUTH VICTORIA AVE., VENTURA, CA 93009 ☐ 3855 – F ALAMO ST., SIMI VALLEY, CA 93063-2210 ☐ 4353 VINEYARD AVE., OXNARD, CA 93036 INTERPRETING SERVICES, 805-289-8799 ~~VCSCInterpreting@ventura.courts.ca.gov~~	
REQUEST FOR INTERPRETER	CASE NUMBER:

Fill out this form and submit it at least two (2) court days before your hearing for Spanish and ten (10) court days before your hearing for all other languages (including ASL).

***Return this form to the clerk** in one of the following offices as soon as possible:*
Civil & Unlawful Detainer – Room 208, Ventura Courthouse
Small Claims & Family Law – Room 210, Ventura Courthouse
Juvenile/Probate – Room 122, Oxnard (Juvenile) Courthouse

All requests are evaluated in accordance with the priorities as set forth in *Evidence Code* §756.

Contact Information of Person(s) Needing an Interpreter

1. Name(s): _____

2. Phone number: _____

3. E-mail: _____

4. Language needed: ☐ Spanish ☐ Mixteco ☐ ASL (American Sign Language) ☐ Mandarin
   ☐ Other: _____

Court Hearing or Event

5. Date: _____ Time: _____ Department: _____
   ☐ Family Law ☐ Civil ☐ Small Claims ☐ Probate ☐ Unlawful Detainer

   ☐ I agree that if an interpreter is no longer needed, I will immediately notify the interpreters' office. I understand that pursuant to Local Rule 20.04, if I do not provide at least 48 hours' notice of cancellation, the court may set an Order to Show Cause hearing re: why monetary sanctions should not be imposed for the failure to adhere to the rule.

Name of Person Making this Request

6. _____
   (First Name) *(Last Name)*

Date: _____

- Este formulario no debe presentarse ante el tribunal. Debe utilzarse únicamente como guía de referencia para la traducción.-
- Por favor, complete y presente la versión en inglés del formulario VN250. -

VN250SP

TRIBUNAL SUPERIOR DE CALIFORNIA, CONDADO DE VENTURA ☐ 800 SOUTH VICTORIA AVE., VENTURA, CA 93009 ☐ 3855 – F ALAMO ST., SIMI VALLEY, CA 93063-2210 ☐ 4353 VINEYARD AVE., OXNARD, CA 93036 OFICINA DE INTÉRPRETES, 805-289-8799 VCSCInterpreting@ventura.courts.ca.gov	SÓLO PARA EL TRIBUNAL
SOLICITUD PARA INTÉRPRETE	NÚMERO DE CAUSA:

Llene este formulario y preséntelo por lo menos dos (2) días hábiles antes de la audiencia para español y diez (10) días hábiles antes de la audiencia para los demás idiomas (incluyendo Lenguaje de Señas Americano)

Devuelva este formulario al empleado en una de las siguientes oficinas lo antes posible:
Asuntos en lo Civil y Juicios de Desalojo – Oficina 208, Tribunal de Ventura
Reclamos Menores y Derecho en lo Familiar – Oficina 210, Tribunal de Ventura
Tribunal de Menores/Sucesiones – Oficina 122, Tribunal (de Menores) de Oxnard

Se dará prioridad a las solicitudes según el artículo 756 del Código de Evidencias.

Información de la(s) persona(s) que necesita(n) intérprete:

1. Nombre(s): _____
2. Número de teléfono: _____
3. Dirección de correo electrónico _____
4. Idioma: ☐ Español ☐ Mixteco ☐ Mandarín ☐ Lenguaje a Señas Norteamericano
   ☐ Otro: _____

Audiencia o Evento en el Tribunal

5. Fecha: _____ Hora: _____ Sala: _____
   ☐ Familia ☐ Civil ☐ Reclamos Menores ☐ Sucesiones ☐ Juicios de Desalojo

   ☐ Acepto que, si ya no se necesita un intérprete, notificaré de inmediato a la oficina de intérpretes. Entiendo que, de conformidad con la Norma Local 20.04, si no notifico la cancelación con al menos 48 horas de antelación, el tribunal puede dictar una orden para una audiencia de justificación, en la cual la parte tendrá que indicar por qué no se deben imponer sanciones monetarias por el incumplimiento de la regla

Nombre de la persona que hace esta solicitud.

6. _____

- Este formulario no debe presentarse ante el tribunal. Debe utilzarse únicamente como guía de referencia para la traducción.-
- Por favor, complete y presente la versión en inglés del formulario VN250. -

(Nombre) *(Apellido)*

Fecha: _____

Formulario Obligatorio
VN250SP (Rev. 01/~~26~~27)

SOLICITUD PARA INTÉRPRETE

Optional Form
VN250, (New 01/16)

REQUEST FOR INTERPRETER

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name & Address)*: TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR *(Name)*: BAR NO.:	***FOR COURT USE ONLY***
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA 800 South Victoria Ave Ventura, CA 93009	
PETITIONER: RESPONDENT:	
DECLARATION AND ORDER TO INSPECT CONFIDENTIAL PARENTAGE FILE (FAMILY LAW)	CASE NUMBER:
Pursuant to Family Code section 7643, an attorney of record or party to a case may inspect a confidential parentage file. All other persons must obtain a court order to access a confidential file.	

I request an order for (*name of agent*): _____ to inspect documents and/or obtain copies from the court file.

1. Name of alleged father: _____
2. Name of mother: _____
3. ☐ I am the attorney for: ☐ Petitioner ☐ Respondent ☐ other _____
   and I have obtained the consent of the party to this action to authorize an agent to inspect the permanent record.
   ☐ I am a party to the action.

I declare under penalty of perjury under the laws of the State of California that I am a party or attorney of record authorized to allow the above-mentioned requestor to inspect and/or copy documents in the above-entitled parentage action, pursuant to Family Code section 7643.

Date: _____ _____
(SIGNATURE OF DECLARANT)

4. ☐ I _____ am an employee of the District Attorney Child Abduction and Recovery Unit. A copy of my District Attorney employee identification card is attached. Pursuant to Family Code sections 3130 to 3132, I request an order allowing me to inspect and/or obtain certified copies as necessary to perform emergency functions related to the expedited location and recovery of minor children who are subject to the jurisdiction of the Ventura Superior Court.
   ☐ The whereabouts of the party in possession of the child is not known; OR
   ☐ There is reason to believe that the party may not appear in the proceedings although ordered to appear personally with the child pursuant to Family Code section 3430; OR
   ☐ A custody or visitation order has been entered by a court of competent jurisdiction, and the child has been taken or detained in violation of the order.

5. ☐ I _____ am an employee of the District Attorney Child Abduction and Recovery Unit. A copy of my District Attorney employee identification card is attached. I request an order allowing me to inspect and/or obtain certified copies as necessary to perform non-emergency functions of compliance related to the custody order of minor children who are subject to the jurisdiction of the Ventura Superior Court. Good cause is offered as follows: _____
   _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____ _____
(SIGNATURE OF DECLARANT)

CASE NAME: vs.	CASE NUMBER:

ORDER

☐ The court denies the attached request for an Order to Inspect Confidential Parentage File.

☐ The court grants the attached request to ☐ inspect ☐ obtain copies of the Confidential Parentage File. No information contained in the documents inspected or copied may be disseminated.

☐ District Attorney Child Abduction and Recovery Unit's right to view file will terminate when relieved from appointment.

☐ Right to view file will terminate on _____.

☐ Other orders: _____

_____

_____

Date: _____ _____

(JUDICIAL OFFICER)

SUPERIOR COURT OF CALIFORNIA
COUNTY OF VENTURA
Jury Services Department
Hall of Justice, Room 113
800 South Victoria Avenue
Ventura, CA 93009
(805) 289-8661

Health Care Provider Note Instructions

If you are under the age of 70 and have a physical or mental disability or impairment that would prevent you from serving as a juror, you must provide a Health Care Provider's note, pursuant to California Rules of Court, Rule 2.1008.

Note Requirements:

- Must be on the Health Care Provider's letterhead or prescription pad.
- Must include your full name and badge number _____.
- Must indicate that you cannot currently serve Jury Duty.
- No diagnosis is necessary.

If you are requesting a permanent medical excuse, the note must state that you have a **permanent physical or mental disability or impairment** that makes you incapable of performing jury service, pursuant to California Rules of Court, Rule 2.1009.

Note Requirements:

- Must be on the Health Care Provider's letterhead.
- Must be **signed** by the Health Care Provider.
- Must include your full name and badge number_____.
- Must state that you have a **permanent physical or mental disability or impairment**.

You may submit your Health Care Provider's note to Jury Services by:

- Fax to 805-477-5869;
- Email to jury-service@ventura.courts.ca.gov; or
- Online at www.ventura.courts.ca.gov, click on Jury Service, click Respond Online, go to Upload Documents.