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| ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address)*:

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| TELEPHONE NO:       |  | FAX NO. (Optional):      |
| E-MAIL ADDRESS *(Optional)*:      |  |  |
| ATTORNEY FOR *(Name)*:       |  |  |

 | *FOR COURT USE ONLY* |
| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA** |
| 200 South G StreetMadera, California 93637Civil Division |
| PLAINTIFF/PETITIONER:      DEFENDANT/RESPONDENT:       |
| **REQUEST FOR CALENDAR SETTING – CIVIL DIVISION** | CASE NUMBER:      |

1. I request that this case be placed on calendar for the following reason:

[ ]  Recall Bench Warrant

[ ]  Default Hearing

[ ]  Modification

[ ]  Other:

2. Estimated time for hearing:

3. Requested Hearing Date:       Time:       Dept.

**I AGREE TO NOTIFY THE CALENDAR OFFICE IMMEDIATELY IN WRITING IF I WISH TO TAKE THIS MATTER OFF CALENDAR. I ALSO UNDERSTAND THAT IF I CALENDAR A MATTER AND DO NOT APPEAR AT THE HEARING OR NOTIFY THE CALENDAR DESK IN WRITING THAT I WOULD LIKE THIS MATTER OFF CALENDAR, THE COURT WILL TAKE THE MATTER OFF CALENDAR ON ITS OWN MOTION. THE COURT MAY ALSO ISSUE SANCTIONS AGAINS ME, INCLUDING A MONETARY SANCTION UP TO $1000.00, OR DISMISS THE CASE OR BOTH.**

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| Date:  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  | Print/Type Name of Moving Party |  | Signature of Moving Party |

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| ***FOR COURT USE ONLY*****CALENDARING:** |
| Hearing Date: |  | Dept. : |  | Time:  |  | a.m./p.m.  |
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