

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State Bar number, and address): NAME: ADDRESS: CITY, STATE, ZIP:  TELEPHONE NO: FAX NO. (Optional): EMAIL ADDRESS (Optional): ATTORNEY FOR (Name):	<i>FOR COURT USE ONLY</i>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ</b> Watsonville Branch 1 Second Street, Room 300 Watsonville, CA 95076	
MATTER OF:   <p style="text-align: center;">A MINOR</p>	
<b>REQUEST/ORDER TO CALENDAR DEPENDENCY CASE</b>  <b>(ATTORNEY USE ONLY)</b>	CASE NUMBER:

Per the request of: \_\_\_\_\_,

calendar the above referenced case for (type of hearing): \_\_\_\_\_

on (date) \_\_\_\_\_ at (time) \_\_\_\_\_ in Department \_\_\_\_\_.

***Party requesting hearing must notify all other parties of the hearing date.***

Dated: \_\_\_\_\_

\_\_\_\_\_

JUDGE OF THE SUPERIOR COURT