

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>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ <input type="checkbox"/> Santa Cruz <input type="checkbox"/> Watsonville Branch 701 Ocean Street, Room 110 1 Second Street, Room 300 Santa Cruz, CA 95060 Watsonville, CA 95076	
PLAINTIFF/PETITIONER: vs. DEFENDANT/RESPONDENT:	
ORDER AFTER HEARING (CIVIL)	CASE NUMBER:

1. Date of hearing _____

2. Judge: _____ Department: _____

3. Parties/Attorneys

<input type="checkbox"/> Plaintiff/Petitioner present in court.	<input type="checkbox"/> Attorney present in court.
<input type="checkbox"/> Defendant/Respondent present in court.	<input type="checkbox"/> Attorney present in court.

4. The Court makes the following orders:

5. Number of pages attached: _____

Date: _____

_____ Judge of the Superior Court