SUP

ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, State Bar number, and address*):	*FOR COURT USE ONLY*
TELEPHONE NO: FAX NO. (Optional) E-MAIL ADDRESS (*Optional*): ATTORNEY FOR (*Name*):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ ☐ Santa Cruz — 701 Ocean Street, Room 110, Santa Cruz, CA 95060 ☐ Watsonville Branch — 1 Second Street, Room 300, Watsonville, CA 95076	
PLAINTIFF/PETITIONER: vs. DEFENDANT/RESPONDENT:	
ORDER AFTER HEARING (CIVIL)	CASE NUMBER:

1. Date of hearing _____

2. Judge: _____ Department: _____

3. Parties/Attorneys

   ☐ Plaintiff/Petitioner present in court. ☐ Attorney present in court.

   ☐ Defendant/Respondent present in court. ☐ Attorney present in court.

4. The Court makes the following orders:

_____

_____

_____

_____

_____

_____

_____

_____

_____

5. Number of pages attached: _____

Date: _____ _____

Judge of the Superior Court

Form Adopted for OPTIONAL Use
Superior Court of Santa Cruz County
SUPCV 01/01/18