

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, Address, Telephone Number, and State Bar membership number): ATTORNEY FOR (Name):	COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SONOMA	
PLAINTIFF(S)/PETITIONER(S):	Case Number:
DEFENDANT(S)/RESPONDENT(S):	
JOINDER:	
NOTICE OF STIPULATED CONTINUANCE (FAMILY LAW)	FCS Date: Hearing Date:

The parties agree to continue the following dates:

Family Court Services From: _____ To: _____ Time: _____ a.m./p.m.
 (Must confirm FCS date and attach Local Form FL017)

Hearing From: _____ To: _____ Time: _____ a.m./p.m. Dept: ____

Settlement Conference From: _____ To: _____ Time: _____ a.m./p.m. Dept: ____

The issues to be continued are: _____

We have continued this matter ___ time(s) previously. We understand that the Court will allow no more than two (2) stipulated continuances, and the issues must be resolved within four (4) months from the original hearing date, absent good cause. If two (2) continuances have already been granted, provide the court with an attachment stating your good cause.

We acknowledge we have considered participation in a settlement conference. We have met and conferred on the issue(s) on the following date(s): _____

Date: _____ Moving Party or Attorney: _____

Date: _____ Responding Party or Attorney: _____

Date: _____ Minor's Attorney: _____

Date: _____ Dept. of Child Support Services (if applicable): _____

If two (2) continuances have already been granted, the court orders the request to continue:

Granted Denied Date: _____ Judicial Officer: _____