

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):	
OTHER PARENT:	
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.

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, state your good cause and/or emergency here or in an attachment:

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: _____

Department of Child Support Services (if in the case)