

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 Civil & Family Law Courthouse, Family Law Division 3055 Cleveland Avenue Santa Rosa, CA 95403	
PETITIONER/PLAINTIFF(S): RESPONDENT/DEFENDANT(S): CLAIMANT:	CASE NUMBER:
REQUEST TO DROP HEARING	

I, _____ (name), am the moving party/attorney in this case, and I would like to drop the hearing and the Family Court Services (FCS) child custody recommending counseling session. A Responsive Declaration has has not been filed by the other party.

Hearing date: _____ Department: _____ Time: _____ AM / PM

FCS date: _____ Time: _____ Not Applicable

NOTE: If you drop the hearing, the Court is required to cancel the Family Court Services appointment. It is the moving party's responsibility to notify the other party of this cancellation.

Date

Signature of Moving Party/Attorney

Where Court Approval Required:

The hearing may be dropped from calendar. The Responsive Declaration did not request affirmative relief on the pending issues.

The hearing may not be dropped from calendar. The Responsive Declaration requested affirmative relief on the pending issues.

Date: _____

JUDICIAL OFFICER