

ATTORNEY OR UNREPRESENTED PARTY (NAME AND ADDRESS):	TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY(S) FOR:		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO <input type="checkbox"/> 351 North Arrowhead Avenue, San Bernardino, CA 92415-0210 <input type="checkbox"/> 8303 Haven Avenue, Rancho Cucamonga, CA 91730 <input type="checkbox"/> 14455 Civic Drive, Victorville, CA 92392 <input type="checkbox"/> 235 East Mountain View, Barstow, CA 92311 <input type="checkbox"/> 6527 White Feather Road, Star Route 1, Box 60, Joshua Tree, CA 92252 <input type="checkbox"/> 216 Brookside Avenue, Redlands, CA 92373 <input type="checkbox"/> 17780 Arrow Highway, Fontana, CA 92335 <input type="checkbox"/> 13260 Central Avenue, Chino, CA 91710		
PLAINTIFF(S) PETITIONER:		
DEFENDANT(S) RESPONDENT:		
REQUEST TO SET UNCONTESTED MATTER		CASE NUMBER:

NOTE: Counsel shall file this form with the Clerk of the Court at least 10 days prior to the desired date.

TO THE CLERK OF THE COURT: Request is hereby made that the within matter for *(check appropriate block)*

- | | | | | |
|--|---|---|-----------------------------------|--|
| <input type="checkbox"/> Dissolution | <input type="checkbox"/> Nullity | <input type="checkbox"/> Legal Separation | <input type="checkbox"/> Adoption | <input type="checkbox"/> Free From Custody |
| <input type="checkbox"/> Compromise of Minor's Disputed Claim | <input type="checkbox"/> Change of Name | | | |
| <input type="checkbox"/> Declaration and Order for Appearance of Judgment Debtor | | | | |
| <input type="checkbox"/> Other: _____ | | | | |

Character of Action; if Eminent Domain, include parcel number

which is uncontested and ready for hearing to be set on the uncontested matters calendar for hearing on:

a. Date:	Time:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Div.	<input type="checkbox"/> Room:
b. Address: _____				

This may be heard as an uncontested matter because:

- Petition/Complaint and Summons was served on _____
- Default of _____ was entered on _____
- Appearance and Waiver was filed by _____ on _____
- Response and Waiver was filed by _____ on _____
- Other _____

Please note your suggested hearing date(s). (Monday through Thursday only.) _____

Dated _____

Signature of Attorney

PLEASE FILE IN DUPLICATE

Your copy of this request will be returned with the hearing date completed by the Clerk.

**ACIS Code
37192(02)
39000**

**J in F
OK TO SET**