ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, if attorney:)	FOR COURT USE ONLY
ADDRESS WHERE YOU WANT MAIL SENT:	
TELEPHONE NO.: FAX NO.:	
EMAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO Appeal Department Central Division 1130 "O" Street	
Fresno, California 93724-0002	
(559)	
Appellant:	
Respondent:	A DDELLA TE CA CENIUA ADED.
APPLICATION FOR EXTENSION OF TIME TO FILE BRIEF	APPELLATE CASE NUMBER:
 I (name): request that the time to file an Appellant's Opening Brief Respondent's Brief Appellant's Reply Brief, now due on (date): be extended to (date): . 	
2. I have have not received notice of a dismissal hearing on appeal.	
 I have received: no previous extensions to file this brief. the following previous extensions: (number of extensions): extensions by stipulation totaling (total number of days): 	
(number of extensions): extensions from the Court totaling (total number of days): .	
 I am unable to file a stipulation to an extension because the other party is unwilling to stipulate to an extension. other reason (please specify): 	
5. The reason I need an extension to file this brief is (please specify facts showing "good cause" for an extension; if more space is needed, please attach an additional page):	
6. The last brief filed by any party was \square Appellant's Opening Brief \square Respondent's Brief filed on <i>(date)</i> :	
7. The record in this case is: Settled Statement Reporter's Transcript Other I declare under penalty of perjury, under the laws of the State of California, that the information above is	
true and correct.	nia, inai ine iniornation above is
Date: (TYPE OR PRINT NAME) (SIGNATURE OF	PARTY OR ATTORNEY)
ORDER	
EXTENSION OF TIME IS:	
Granted to Denied.	
Date:	
	AL OFFICER)