ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address:)	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO.:	
EMAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO	
R F Sisk Courthouse Fresno Main Courthouse (M' Street Courthouse	
B.F. Sisk Courthouse Fresno Main Courthouse 'M' Street Courthouse 1130 'O' St. 1100 Van Ness Ave 2317 Tuolumne St.	
Fresno, CA 93721 Fresno, CA 93724 Fresno, CA 93721	
PLAINTIFF/PETITIONER:	
DEFENDANT/RESPONDENT:	
APPLICATION AND ORDER TO CONTINUE OR VACATE	CASE NUMBER:
CASE MANAGEMENT CONFERENCE	Case Management Conference Date:
	Case Management Contelence Date.
☐ Plaintiff(s) ☐ Defendant(s) request the following:	Department: Time:
☐ Continue Case Management Conference	
☐ All parties who have appeared in this action request a continuance.	
Only the undersigned party requests a continuance. I agree to immediately continuance is granted.	notify all other parties if this
A week continuance is requested. (Attach a declaration of good c week continuance is requested.)	ause if more than a 2
☐ Vacate Case Management Conference	
The undersigned party requests that the Case Management Conference be vac	cated and taken off calendar
because:	
☐ The case has been set for trial.	
☐ The case has been completely resolved.	
Other (specify):	
I declare under penalty of perjury under the laws of the State of California that the fo	oregoing is true and correct.
Dated:	
/\$/	
(TYPE OR PRINT NAME)	NATURE)

CASE TITLE	CASE NUMBER:
ORDER	
The application(s) to continue vacate the Case Management Conference is/are:	
☐ Denied.	
Granted. The Case Management Conference is set foratm in Department	
☐ Applicant must immediately notify all other parties in writing of the new date, time, and department.	
Data	
Date:	dge of the Superior Court