ATTORNEY OR PARTY WITHOUT ATTORNEY TELEPHONE NO.		FOR COURT USE ONLY				
ATTORNEY FOR (Name)						
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS:						
MAILING ADDRESS:						
CITY AND ZIP CODE: BRANCH NAME:						
PETITIONER/PLAINTIFF:						
RESPONDENT/DEFENDANT:						
APPLICATION FOR ORDER SHORTENING	G	CASE NUMBER				
TIME AND ORDER						
I,, declare as follows:						
1. I am the attorney for	(name),		(petitio	oner/resp	ondent) in th	iis
action.						
2. It is necessary that time for	(hearing/service) of the motion filed	herewith be sh	ortened s	o that this m	atter
may be					(heard	on an
expedited basis and/or served on opposing party)						
3. (Indicate necessity		for				order.)
4. (Indicate manner in which notice has	been given	or reason	it has	not	been	given.)
Dated:					(Signature))
	(Type Name)					
	ORDER					
Good cause appearing, it is ordered that: Time for hearing be s	hortened to:					
Time for service be shorter	ned to:					
Dated:						
	Judge/Commissi					