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:	CASE NUMBER
RESPONDENT/DEFENDANT:	
REQUEST TO S	ET UNCONTESTED MATTER
NOTE: Counsel shall file this form with the C the Court at least 20 days prior to the desired	
	reby made that the within matter for (check for appropriate block) egal Separation Adoption Free From Custody
Other	
which is uncontested and ready for hearing to b	be set on the uncontested matters calendar for hearing on:
a. Date: Time:	Dept.
b. Address:	
This may be heard as an uncontested matter be	cause:
Petition/Complaint and Summons were serviced with the Court on	ved on and return of Summons wa
Default of	was entered on
Appearance Stipulation and Waiver was file	ed by on
Other	
Please note your suggested hearing date(s)	
Signature of Attorney / Party in Pro Per	Date