

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF IMPERIAL</b> <b>939 W. Main Street</b> <b>El Centro, CA 92243</b>	
PETITIONER: RESPONDENT:	
<b>REQUEST FOR HEARING</b>	CASE NUMBER: _____

**HEARING DATE:** \_\_\_\_\_

**TIME:** \_\_\_\_\_

**DEPT:** \_\_\_\_\_

\_\_\_\_\_ Default Dissolution

\_\_\_\_\_ Default Civil

Issue: \_\_\_\_\_

\_\_\_\_\_ Adoption

\_\_\_\_\_ Request for Recall of Bench Warrant and Reinstate to Calendar for Debtor Exam \*

\_\_\_\_\_ Minor's Compromise\*

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
 Signature of Party or Attorney

\_\_\_\_\_  
 Type or Print Name

\*Note - Must be Served on Party 16 Court Days before Hearing Date and Filed with the Court.