

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
SUPERIOR COURT OF CALIFORNIA, COUNTY OF IMPERIAL 939 W. Main Street El Centro, CA 92243	
PETITIONER:	
RESPONDENT:	
NOTICE OF MATTER TO BE TAKEN OFF CALENDAR	CASE NUMBER:

1. Hearing / Request for Order

- ☐ Petitioner and/or ☐ Respondent requests the Court to take off calendar the ☐ Hearing/Motion filed on _____
☐ Request for Order filed on _____, scheduled for Date: _____
 Time: _____ Dept: _____. I am the moving party for this hearing.

2. Reason for Hearing or Request for Order to be taken off calendar

(you must check a or b):

- a. ☐ I did not serve the other party with the moving documents for this Hearing or Request for Order.

 b. ☐ The other party has filed a response and agrees to have the matter taken off calendar. **(Both parties must sign below)**

Date:

Date:

Signature of Petitioner or Attorney

Signature of Respondent or Attorney