

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

*Check one of the following:*

- |   |   |
|---|---|
| <input type="checkbox"/> Default Dissolution                                  | <input type="checkbox"/> Default Civil (Prove Up Hearing)               |
| <input type="checkbox"/> Adoption Hearing                                     | <input type="checkbox"/> Petition to Declare Free from Parental Control |
| <input type="checkbox"/> Petition for Minor's Compromise                      | <input type="checkbox"/> Petition for Grandparent Visitation            |
| <input type="checkbox"/> Request for Recall of Bench Warrant Issued on: _____ |   |
| <input type="checkbox"/> Ex Parte Hearing Re: _____                           |   |
| <input type="checkbox"/> Other: _____   |   |

Date:

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

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

**\* Note: This form must be served 16 Court Days before the hearing date set.**