

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SIERRA 100 Courthouse Square, P.O. Box 476 Downieville, CA 95936	
In re the marriage of: Petitioner and Respondent	
REQUEST FOR SETTING DEFAULT HEARING	CASE NUMBER

TO THE CLERK:

at Please place this proceeding on the court's default family law calendar for hearing on
 at _____ a.m. in Department III.

Dated: _____

 SIGNATURE OF PARTY OR ATTORNEY