

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, and Address)			FOR COURT USE ONLY
Name / Bar Number: Address: City, State, Zip: Telephone No.: Email Address:			
Name / Bar Number: Address: City, State, Zip: Telephone No.: Email Address:			
Street Address :	2260 N Street	1159 G Street	
Mailing Address : City, State, Zip:	627 W. 21st Street Merced, CA 95340	Los Banos, CA 93635	
IN THE MATTER OF:			
Minor:			Hearing Date: Time: 9:00 am Courtroom: 10
REQUEST TO SET ADOPTION HEARING			CASE NUMBER:

Petitioner, _____, respectfully requests that the court set a hearing on the Adoption Petition filed in the above matter for _____, 20____, at 9:00 a.m. in Department_____ of the above Court.

Dated: _____

Petitioner's Signature

Petitioner's Printed Name