

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 : Mailing Address : City, State, Zip:	<input type="checkbox"/> 2260 N Street 627 W. 21st Street Merced, CA 95340	
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