Use this form to ask the court to change the hearing date listed on form CH-109, Notice of Court Hearing. Read CH-115-INFO, How to Ask for a New Hearing Date, for more information.	
1 Party Seeking Continuance	
a. Full Name:	
I am the party seeking protection. party from whom protection is sought.	me and street address:
Your Lawyer (if you have one for this case):	River Tribe of California Justice Center
Name: State Bar No :	29 S. <mark>Re</mark> servation Rd Portervill <mark>e,</mark> CA 93257
Firm Name:	Forterville, CA 93257
b. Your Address (If you have a lawyer, give your lawyer's information. If you do not have a lawyer and want to keep your home address. Fill in case pur	mher:
If yo <mark>u</mark> do not ha <mark>ve</mark> a lawyer and want to keep your home address Fill in case nur private, you may give a different mailing address instead. You do not Case Numb	
ha <mark>v</mark> e to give <mark>te</mark> lephone <mark>, fax, or e-mail.)</mark>	
Address:	
City:State:Zip:	
Telephone: Fax: E-Mail Address:	
2 Other Party	9
Full Name:	
3 Request to Continue Hearing	
a. I ask the court to continue the hearing currently scheduled for (date):	
b. I request that the hearing be continued because (check any that apply):	
(1) The party from whom protection is sought could not be served before the ho	earing date.
(2) I am the party from whom protection is sought and this is my first request to	o continue the hearing date.
(3) I need more time to hire a lawyer or prepare a response.	
(4) Other good cause as stated below on Attachment 3b(4)	
WEST-WATER	
c. (1) This is my first request for a continuance.	
(2) The hearing has previously been continued times	
This is not a Court Order	

(Case Number:	

- a. A Temporary Restraining Order (Form CH-110) was issued on (date):

 Please attach a copy of the order if you have one.
- b. Notice: If the hearing date is continued, the *Temporary Restraining Order* will remain in effect until the end of the new hearing unless otherwise ordered by the court.

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I declare under penalty of perjury under the laws of the State of California that the information above and on all attachments is true and correct.

Date:	F. T
	()
Type or print your name	Signature
Attorney Party Without Attorney	ATION ATION