

COURT OF APPEAL, SECOND APPELLATE DISTRICT, DIVISION _____	Court of Appeal Case Number: _____ Superior Court Case Number: _____
ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, state bar number and address</i> ):  TELEPHONE NO.: _____ FAX NO. ( <i>Optional</i> ): _____ E-MAIL ADDRESS: _____ ATTORNEY FOR ( <i>Name</i> ): _____	FOR COURT USE ONLY
APPELLANT: _____  RESPONDENT: _____	
<b>APPLICATION FOR EXTENSION OF TIME TO FILE</b>	

I (*name*): \_\_\_\_\_

1. request that the time to file (*check one*):

Designation of Record       Case Information Statement

Other: \_\_\_\_\_

now due on (*date*): \_\_\_\_\_ be extended to (*date*): \_\_\_\_\_

2. I have received

no previous extensions to file the above.

(*Number of extensions*): \_\_\_\_\_ extensions by stipulation totaling (*total number of days*): \_\_\_\_\_

(*Number of extensions*): \_\_\_\_\_ extensions from the court totaling (*total number of days*): \_\_\_\_\_

3. The reason I need an extension to file the above is (*please specify*): (Attach a separate sheet if necessary)

For attorneys filing application on behalf of client:

I certify that I have delivered a copy of this application to my client (Cal. Rules of Court, rule 8.60).

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

Date: \_\_\_\_\_

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF PARTY OR ATTORNEY)

**ORDER**

EXTENSION OF TIME IS:

Granted to \_\_\_\_\_

Denied

Date: \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF PRESIDING JUSTICE)



Case Name:  
Court of Appeal Case Number:  
Superior Court Case Number:

(4) Name of Person served:

On behalf of *(name or names of parties represented, if person serviced is an attorney)*:

(a) Address:

(b) E-Mail Address:

(5) Name of Person served:

On behalf of *(name or names of parties represented, if person serviced is an attorney)*:

(a) Address:

(b) E-Mail Address:

(6) Name of Person served:

On behalf of *(name or names of parties represented, if person serviced is an attorney)*:

(a) Address:

(b) E-Mail Address:

(7) Name of Person served:

On behalf of *(name or names of parties represented, if person serviced is an attorney)*:

(a) Address:

(b) E-Mail Address:

(8) Name of Person served:

On behalf of *(name or names of parties represented, if person serviced is an attorney)*:

(a) Address:

(b) E-Mail Address: