

1 Attorney Name(s) or Party without Attorney
2 Firm Name
3 Mailing Address
4 City, State, Zip Code
5 Phone Number(s)
6 Fax Number
7 Email Address

8 Attorney for (Name) or Self-Represented

9
10 **SUPERIOR COURT OF THE STATE OF CALIFORNIA**
11 **COUNTY OF SAN FRANCISCO**

12 APPELLANT'S NAME(S),
13 Appellant(s),

14 v.

15 RESPONDENT'S NAME(S),
16 Respondent(s)

Case Number: CSM-

**STIPULATION RE: CONTINUANCE OF
SMALL CLAIMS APPEAL**

17 It is hereby stipulated that the hearing date of the appeal in the above entitled matter be
18 continued from _____ to _____ * at 9:00 AM in
19 Dept. 525.

20 Date: _____

Appellant Signature**
Printed Name: _____

21 Date: _____

Appellant Signature
Printed Name: _____

22 Date: _____

Respondent Signature**
Printed Name: _____

23 Date: _____

Respondent Signature
Printed Name: _____

24 * The future stipulated date must be a **Wednesday or a Thursday**, Court Holidays excluded.

25 ** A stipulation requires the signatures of all parties in this case.