

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 **SUPERIOR COURT OF THE STATE OF CALIFORNIA**

10 **CITY AND COUNTY OF SAN FRANCISCO**

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

13 v.

14 RESPONDENT'S NAME(S)  
15 Respondent(s)

Case Number: CSM-

**SMALL CLAIMS APPEAL EX PARTE  
MOTION/APPLICATION FOR  
CONTINUANCE AND DECLARATION**

Date:  
Time: 11:00 AM  
Dept: 206

16 I, \_\_\_\_\_, am requesting that the hearing scheduled for \_\_\_\_\_ at  
17 9:00 AM in Dept. 525 be continued to another date. I need the trial date continued  
18 because:

19 On \_\_\_\_\_ at \_\_\_\_\_, I notified the other party(s), \_\_\_\_\_,  
20 by  mail\*  telephone and/or  fax that I am requesting a continuance of my/our  
21 trial date on \_\_\_\_\_, at 11:00 AM in Dept. 206. I  
22 have also informed the other party(s) that I am requesting my/our court hearing be  
23 continued to \_\_\_\_\_ at 9:00 AM in Dept. 525.

**(Wednesday or Thursday only)**

24 I declare under penalty of perjury under the laws of the State of California that the  
25 foregoing is true and correct to the best of my knowledge and belief.

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

Signature

Printed Name: \_\_\_\_\_

28 ***\*If by mail, file a Proof of Service. See instructions.***