TO DE	CII CD	IN THE	COLIDT	OF APPEAL	
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2DCA-02

	Court of Appeal Case Number:			
COURT OF APPEAL, SECOND APPELLATE DISTRICT, DIVISION	Superior Court Case Number:			
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number and address):				
	FOR COURT USE ONLY			
TELEPHONE NO.: FAX NO. (Optional):				
E-MAIL ADDRESS:				
ATTORNEY FOR (Name):	4			
APPELLANT:				
RESPONDENT:				
APPLICATION FOR EXTENSION OF TIME TO FILE				
I (name):				
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				
(Number of extensions): extensions from the court totaling (total number	· · ———			
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 Col	urt, rule 8.60).			
I declare under penalty of perjury under the laws of the State of California that the informat	ion above is true and correct.			
Date:				
(TYPE OR PRINT NAME) (SIGNATURE OF PART	Y OR ATTORNEY)			
ORDER				
EXTENSION OF TIME IS:				
Granted to				
Denied				
Date:(SIGNATURE OF PRES	IDING JUSTICE)			

PROOF OF SERVICE (Court of Appeal) Mail, Electronic Service or Personal Service		
Court of Appeal (
1. At the time of	f service I was at least 18 years of age and not a party to this legal action.	
2. My 🔲 r	esidence usiness address is (specify):	
	My electronic service address is:	
	ctronically served or personally delivered a copy of the Application for Extension of Time as indicated below ther a, b or c):	
a. \square Mail.	I mailed a copy of the document identified above as follows:	
b. 🗖 Elect	ronic service. I electronically served a copy of the document identified above as follows:	
c. Perso	onal delivery. I personally delivered a copy of the document identified above as follows:	
Da	te mailed, electronically served or personally served:	
(1)	Name of Person served: On behalf of (name or names of parties represented, if person served is an attorney):	
	(a) Address:	
	(b) E-Mail Address:	
(2)	Name of Person served:	
	On behalf of (name or names of parties represented, if person served is an attorney):	
	(a) Address:	
	(b) E-Mail Address:	
(3)	Name of Person served:	
	On behalf of (name or names of parties represented, if person served is an attorney):	
	(a) Address:	
	(b) E-Mail Address:	
4. I am a reside (city and state	ent of or employed in the county where the mailing occurred. The document was served from e):	
☐ Add	ditional persons served are listed on the attached page (See page 3).	
declare under po Date:	enalty of perjury under the laws of the State of California that the foregoing is true and correct.	
(TYPE OR PRIN	NT NAME OF PERSON COMPLETING THIS FORM) (SIGNATURE OF PERSON COMPLETING THIS FORM)	

Court of Appeal C	Case Name: ase Number:				
Superior Court Case Number:					
(4)	Name of Person served:				
	On behalf of (name or names of parties represented, if person served 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 served 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 served 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 served 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 served is an attorney):				
	(a) Address:				
	(b) E-Mail Address:				