## IN THE COURT OF APPEAL OF THE STATE OF CALIFORNIA

Plaintiff and,  V.						
Defendant and	APF	PLICATIO	N FOI	R EXTEN	SION O	FTIME
1. To file to  (Document Name)  2. I need more time for the following reason(s) (specified)	ecify):	Date)		Total day	s: (	)
For attorneys filing application on behalf of client, I certify t (Cal. Rules of Court, rule 8.60).  I declare under penalty of perjury that the foregoing is true California, on, 20	and correct.	Executed	at			,
Pacard Siza:	pendix/CT:	Vol./Pgs.	RT:	Vol./Pgs.		e Filed
Augmentation	CT:		RT:			
Briefs Filed:				AOB RB	Dat 	e Filed
Number of Previous Extension Requests		Number		Date	Total Nur	mber of Days
Were any previous extension grants marked "no further"?	Yes or No)		То		(	)
were any previous extension grants marked no further s						
EXTENSION OF TIME IS:						
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PROOF OF SERVICE (Court of Appeal)  Mail, Electronic Service or Personal Service
Case Name: Court of Appeal Case Number: Superior Court Case Number:
1. At the time of service I was at least 18 years of age and not a party to this legal action.
2. My residence business address is (specify):
My electronic service address is:
<ol> <li>I mailed, electronically served or personally delivered a copy of the as indicated below (complete either a, b or c):</li> </ol>
a. D Mail. I mailed a copy of the document identified above as follows:
b. Electronic service. I electronically served a copy of the document identified above as follows:
c. Personal delivery. I personally delivered a copy of the document identified above as follows:
Date mailed, electronically served or personally served:
<ul><li>(1) Name of Person served:</li><li>On behalf of (name or names of parties represented, if person served is an attorney):</li></ul>
(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 resident of or employed in the county where the mailing occurred. The document was served from (city and state):
Additional persons served are listed on the attached page (See page 3).
declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Date:
(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM) (SIGNATURE OF PERSON COMPLETING THIS FORM)

Court of Appeal C Superior Court C		
(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:	