

IN THE COURT OF APPEAL OF THE STATE OF CALIFORNIA
SECOND APPELLATE DISTRICT, DIVISION _____

Plaintiff and _____

v.

Defendant and _____

Appeal No. _____

Super. Ct. No. _____

APPLICATION FOR EXTENSION OF TIME

1. To file _____ to _____ Total days: ()
(Document Name) (Date)

2. I need more time for the following reason(s) (*specify*):

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 that the foregoing is true and correct. Executed at _____, California, on _____, 20__.

(TYPE OR PRINT NAME)
Bar No.: _____

(SIGNATURE)
Phone No.: _____

	Vol./Pgs.		Vol./Pgs.	Date Filed
Record Size:		Appendix/CT:	RT:	_____
		Augmentation	CT:	RT: _____

		Date Filed
Briefs Filed:	AOB	_____
	RB	_____

Number	Date	Total Number of Days
Number of Previous Extension Requests	_____ To _____	()

Were any previous extension grants marked "no further"? (Yes or No)

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 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: