

<b>COURT OF APPEAL</b> <b>Fifth Appellate District</b>  <b>Appellate Case No.:</b> _____	TRIAL COURT CASE NUMBER:  <hr/> COUNTY:
<b>ATTORNEY OR PARTY WITHOUT ATTORNEY</b>  NAME: <hr/> STATE BAR NUMBER: <hr/> ADDRESS 1: <hr/> ADDRESS 2: <hr/> CITY:                      STATE:                      ZIP: <hr/> TELEPHONE NO.: <hr/> ATTORNEY FOR: <hr/> APPELLANT: <hr/> RESPONDENT:	For Court Use Only
<b>APPLICATION FOR EXTENSION OF TIME TO FILE BRIEF</b> <b>(CRIMINAL OR JUVENILE CASES)</b>	

1. I, the undersigned, request that the time to file  appellant's opening brief (AOB)  respondent's brief (RB)  appellant's reply brief (ARB), now due on \_\_\_\_\_ be extended to: \_\_\_\_\_
2. I  have  have not received a notice under rule 8.220(a). (See also rules 8.360(c)(5); 8.412(d); 8.416(g).)
3. I have received:
  - no previous extension to file this brief.
  - the following previous extensions: \_\_\_\_\_ (number of extensions)
4. The reasons I need an extension to file this brief are (please specify; see Cal. Rules of Court, rule 8.63, for factors used to determine whether to grant extensions): (If necessary, use page two of this form or attach additional page(s).)
5.  A proof of service of this request on all counsel and self-represented parties, prior to filing, is attached. (Cal. Rules of Court, rule 8.50.)

***I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.***

Date: \_\_\_\_\_  
 \_\_\_\_\_  
 (Print or Type Date) \_\_\_\_\_  
 (Signature of Attorney or Self-Represented Party Print Name if E-Filed.)

**ORDER**

**EXTENSION OF TIME IS:**

- Granted as requested.**
- Granted to:** \_\_\_\_\_.
- DENIED.**

\_\_\_\_\_  
 PRESIDING OR ACTING PRESIDING JUSTICE

*(Continuation...)*

4. The reasons I need an extension to file this brief are *(please specify; see Cal. Rules of Court, rule 8.63, for factors used to determine whether to grant extensions): (If necessary, attach additional page(s).)*

<b>PROOF OF SERVICE (Court of Appeal)</b> <input type="checkbox"/> Mail <input type="checkbox"/> Personal Service	<i>FOR COURT USE ONLY</i>
<b>Notice: This form may be used to provide proof that a document has been served in a proceeding in the Court of Appeal.</b>	
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*):
3. I mailed or personally delivered a copy of the following document as indicated below (*fill in the name of the document you mailed or delivered and complete either a or b*):

- a.  **Mail.** I mailed a copy of the document identified above as follows:
  - (1) I enclosed a copy of the document identified above in an envelope or envelopes **and**
    - deposited** the sealed envelope(s) with the U.S. Postal Service, with the postage fully prepaid.
    - (b)  **placed** the envelope(s) for collection and mailing on the date and at the place shown in items below, following our ordinary business practices. I am readily familiar with this business's practice of collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U.S. Postal Service, in a sealed envelope(s) with postage fully prepaid.

The envelope was or envelopes were addressed as follows:

Person served:

Address:

- Additional persons served are listed on the attached page.
- (4) I am a resident of or employed in the county where the mailing occurred. The document was mailed from (*city and state*):

CASE NAME:

CASE NUMBER:

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3. b.

**Personal delivery.** I personally delivered a copy of the document identified above as follows:

(1)

Person served:

(b)

Address where delivered:

(c)

Date delivered:

(d)

Time delivered:

Names and addresses of additional persons served and delivery dates and times are listed on the attached page.

I 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)

