

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR <i>(Name)</i> : _____	FOR COURT USE ONLY CASE NUMBER: _____
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITION OF <i>(Name)</i> :	
SETTING OF HEARING ON PETITION FOR CHANGE OF GENDER AND ISSUANCE OF NEW BIRTH CERTIFICATE	

Petitioner having filed a petition requesting an order for the issuance of a new birth certificate reflecting the change of petitioner's gender, a hearing will take place at the time and place below, at which time the court may examine the petitioner and any other person having knowledge of facts relevant to this petition.

(To be completed by clerk.)

a. Date:	Time:	Dept.:	Room:
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b. The address of the court is same as noted above other *(specify)*:

Date: _____ Clerk, by _____, Deputy