ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*

FOR COURT USE ONLY

TELEPHONE NO.:   FAX NO.:

E-MAIL ADDRESS:

ATTORNEY FOR *(Name):*

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

PETITION OF *(Name):*

SETTING OF HEARING ON PETITION FOR CHANGE OF GENDER AND ISSUANCE OF NEW BIRTH CERTIFICATE	CASE NUMBER:

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:

b. The address of the court is ☐ same as noted above ☐ other *(specify):*

Date: Clerk, by _____ , Deputy

SETTING OF HEARING ON PETITION FOR CHANGE OF GENDER AND ISSUANCE OF NEW BIRTH CERTIFICATE

Health and Safety Code, §§ 103425, 103430, 103435, 103440
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