| | | | Request to Continue on Request to Allow | Contact | ring Clerk stamps date here when form is filed. | |
|-----|--------------|---------------|---|---|---|----|
| EA- | 309, to A | Nota Ask f | n to ask the court to reschedule the court dat- ice of Court Hearing to Allow Contact. Read for a New Date for a Hearing to Allow Conta | d form EA-315-II | INFO, | |
| 1 | Pa | rty | Information | | | |
| | a. | My | name is: | | | |
| | b. | I an | am the (check one of the boxes below): | | Fill in court name and street address: | |
| | | (1) | ☐ Elder or Dependent Adult (skip to ②) | | Superior Court of California, County | of |
| | | (2) | Person asking for the order to allow con | ntact | | |
| | | | (name of elders or dependent adults): | | | |
| | | | (skip to (2)). | | Fill in case number: | |
| | | (3) | ☐ Person alleged to be preventing contact information below) | (provide your | Case Number: | |
| | | | Address where I can receive mail: | | | |
| | | | (This address will be used by the court and want to keep your home address private, yo box or another person's address, if you have give your lawyer's address and contact info | ou can use anothe ve their permissio | ner address like a post office | |
| | | | Address: | | | |
| | | | City: | | Zip: | |
| | | | My contact information (optional): | | | |
| | | | Telephone: | Fax: | | |

2 Information About My Case

Lawyer's information (skip if you do not have one):

Firm Name:

- a. The other party in this case is (full name):
- b. I have a court date currently scheduled for (date):

Name: _____ State Bar No.: ____

This is not a Court Order.



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| | Case Number: |
|--|--|
| | |
| (3) Why Does the Court Date Need to Be Rescheduled? | |
| (3) Why Does the Court Date Need to Be Rescheduled? | |
| a. I need more time to have the person alleged to be preventing co | ontact personally served. |
| b. \square I am the person alleged to be preventing contact and this is my | first request to reschedule the court date. |
| c. Other reason: | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| I declare under penalty of perjury under the laws of the State of California t | hat the information above is true and correct. |
| Date: | |
| • | |
| Type or print name of | Sign your name |
| ☐ Lawyer ☐ Party Without Lawyer | |