PARTY WITHOUT ATTORNEY OR ATTORNE	Y	STATE BAI	R NUMBER		FOR	COURT USE ONLY
NAME:						
FIRM NAME:						
STREET ADDRESS:						
CITY:	STAT	F.	ZIP C	DDE:		
TELEPHONE NO:	FAX		2 0	322.		
E-MAIL ADDRESS:	1700					
ATTONREY FOR (name):						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
SUPERIOR COURT OF CALIFORNIA, COL	JNTY OF SAN BE	ERNARDIN	NO			
STREET ADDRESS:						
MAILING ADDRESS:						
CITY AND ZIP CODE:						
BRANCH NAME:						
PETITIONER/PLAINTIFF:						
RESPONDENT/DEFENDANT:						
OTHER PARENT/PARTY:						
					CASE NUMBER:	
NOTICE OF CO	NTINUANCE	OF HEA	ARING			
/-						
(F	AMILY LAW)					
To: Petitioner/Respondent:						
10. Fellionei/Nespondent.	(Name)				
	`	, , , , , , , , , , , , , , , , , , , ,				
Please take notice that the hearing	on the				_ filed on	
		(Type o	of Hearing)			(Date)
set for hearing on	at	in	Departm	nent o	f the Superior Co	ourt of San Bernardino
(Date)	(Time))	-			
County has been continued to		at		in Department	of the	Superior Court of San
,	(Date)		ime)			'
Bernardino County.						
The San Bernardino County Superior	or Court is loca	ated at _		(0)	ourt Address)	
				(00	Juit Addiess)	
Under the laws of the State of Califo	ornia. I declare	e under p	enalty of	periury that the	foregoing is true	
	, , , , , , , , , , , , , , , , , , ,	у шшо. р		, porjany man mo	.c.egeg .eee	•
Date:						
			_			
Print Name			5	signature of \square F	Petitioner Resp	ondent
Name of Attorney			_ .s	ignature of Attorne	ey for Petitione	Respondent
				J 5 5. / 6/110	.,	

Pursuant to CCP 1010 et.seq., all parties must be served with a copy of this notice (see back side)

PROOF OF SERVICE

STATE OF CALIFORNIA, COUNTY OF SAN BERNARDINO

	CASE #					
I am at lea	ast 18 years of age and no	t a party to this action.				
My reside	nce or business address is	y:				
_						
On	, I s	erved the foregoing document(s) described as	(Title of Document)		
OII	(Name of p	party served)	·			
pı a. b.	repaid, as follows: Date of Mailing: Place of Mailing (city and	ch document in the United State				
by a. b.	Date of Service:	ies to the person served as follo				
At the time	e of service, I was at least	18 years of age and not a party	to this action.			
l declare ι	under penalty of perjury tha	at the foregoing is true and corr	ect and this this declaration	n is executed on:		
(date)		, at (place)				
	Printed name		Signature			