

NAME, ADDRESS, AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY:	STATE BAR NUMBER	Reserved for Clerk's File Stamp	
ATTORNEY FOR (Name):			
GI D9F-CF 7 CI FH'C: 75 @ CFB-5Z7 CI BHMC: @CG5B; 9 @G			
Gdf]b['GfYYh7 ci fH ci gYZ' %&'B"Gdf]b['GfYYiz@g'5 b[Y'Ygz7 5 '- \$\$%&			
PLAINTIFF:			
DEFENDANT:			
<input type="checkbox"/> A CHCB' <input type="checkbox"/> CDDCG-HCB <input type="checkbox"/> GHDI @HCB HC HF 5 BG: 9F 7 CAD @7 5 H98 D9F GCB5 @-B>I FM7 5 G9' HC -B8 9D9B8 9BH7 5 @B8 5F 7 CI FH5B8 'CF8 9F		CASE NUMBER:	DEPT

% Case Type: Elder Abuse Habitability Other (specify):

&" The following motions have been filed, and hearings held or scheduled (include demurrers, motions, ex parte applications, Informal Discovery Conferences, and others):

' " If there are other reasons why this case should or should not be transferred to an Independent Calendar (IC) court, please provide them:

Date: _____
Print Name Signature

Date: _____
Print Name Signature

CF89F

The request is **DENIED**.

The request is **GRANTED**. At the direction of Department 1, the case is transferred to Dept. _____ of the _____ Courthouse.

reassigned for all purposes

for reassignment to an IC courtroom

A Case management conference (CMC) will be set in the newly assigned Independent Calendar (IC) courtroom. The receiving court may reset, continue or vacate any pending motion, final status conference or trial dates.

The moving party shall give notice.

DATE

JUDICIAL OFFICER