NAME, ADDRESS, AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY:	STATE BAR NUMBER	Reserved for Clerk's File Stamp
ATTORNEY FOR (Name):		

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

Stanley Mosk Courthouse, 111 N. Hill Street, Los Angeles, CA 90012

PLAINTIFF:

DEFENDANT:

☐ **MOTION** ☐ **OPPOSITION** ☐ **STIPULATION**
TO TRANSFER COMPLICATED PERSONAL INJURY CASE TO INDEPENDENT CALENDAR COURT AND ORDER

CASE NUMBER: | DEPT.

1. Case Type: ☐ Elder Abuse ☐ Habitability ☐ Other (specify): _____

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

_____
_____
_____

3. 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

ORDER

☐ *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

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