

IN THE COURT OF APPEAL OF THE STATE OF CALIFORNIA  
SECOND APPELLATE DISTRICT, DIVISION \_\_\_\_\_

\_\_\_\_\_,  
Plaintiff and \_\_\_\_\_,  
v.  
\_\_\_\_\_,  
Defendant and \_\_\_\_\_.

Appeal No. \_\_\_\_\_

Super. Ct. No. \_\_\_\_\_

APPLICATION FOR EXTENSION OF TIME

1. To file \_\_\_\_\_ to \_\_\_\_\_ Total days: ( )  
(Document Name) (Date)

2. I need more time for the following reason(s) (specify):

I declare under penalty of perjury that the foregoing is true and correct. Executed at \_\_\_\_\_,  
California, on \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE)

Bar No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_

		Vol./Pgs.		Vol./Pgs.	Date Filed
Record Size:	Appendix/CT:	_____	RT:	_____	_____
	Augmentation	CT: _____	RT:	_____	_____
Briefs Filed:					Date Filed
				AOB	_____
				RB	_____
		Number	Date	Total Number of Days	
Number of Previous Extensions by Stipulation		_____	To _____	( )	
Number of Previous Extensions from the Court		_____	To _____	( )	

Were any previous extension grants marked "no further"? (Yes or No)

EXTENSION OF TIME IS:

- Granted to \_\_\_\_\_
- Denied

Date: \_\_\_\_\_  
(SIGNATURE OF PRESIDING JUSTICE)

<b>PROOF OF SERVICE (Court of Appeal) Mail, Electronic Service or Personal Service</b>
Case Name: Court of Appeal Case Number: Superior Court Case Number:

1. At the time of service I was at least 18 years of age and **not a party to this legal action.**

2. My  residence  business address is *(specify)*:

My electronic service address is:

3. I mailed, electronically served or personally delivered a copy of the **Application for Extension of Time** as indicated below *(complete either a, b or c)*:

- a.  **Mail.** I mailed a copy of the document identified above as follows:
- b.  **Electronic service.** I electronically served a copy of the document identified above as follows:
- c.  **Personal delivery.** I personally delivered a copy of the document identified above as follows:

Date mailed, electronically served or personally served:

(1) Name of Person served:

*On behalf of (name or names of parties represented, if person served is an attorney):*

(a) Address:

(b) E-Mail Address:

(2) Name of Person served:

*On behalf of (name or names of parties represented, if person served is an attorney):*

(a) Address:

(b) E-Mail Address:

(3) Name of Person served:

*On behalf of (name or names of parties represented, if person served is an attorney):*

(a) Address:

(b) E-Mail Address:

4. I am a resident of or employed in the county where the mailing occurred. The document was served from *(city and state)*:

Additional persons served are listed on the attached page *(See page 3)*.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)

\_\_\_\_\_  
(SIGNATURE OF PERSON COMPLETING THIS FORM)

Case Name: Court of Appeal Case Number: Superior Court Case Number:
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## (4) Name of Person served:

On behalf of (*name or names of parties represented, if person served is an attorney*):

(a) Address:

(b) E-Mail Address:

## (5) Name of Person served:

On behalf of (*name or names of parties represented, if person served is an attorney*):

(a) Address:

(b) E-Mail Address:

## (6) Name of Person served:

On behalf of (*name or names of parties represented, if person served is an attorney*):

(a) Address:

(b) E-Mail Address:

## (7) Name of Person served:

On behalf of (*name or names of parties represented, if person served is an attorney*):

(a) Address:

(b) E-Mail Address:

## (8) Name of Person served:

On behalf of (*name or names of parties represented, if person served is an attorney*):

(a) Address:

(b) E-Mail Address: