ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address)* TELEPHONE NO: FAX NO: ATTORNEY FOR *(NAME)*:	*FOR COURT USE ONLY*
SUPERIOR COURT OF CALIFORNIA **COUNTY OF YUBA** **215 5TH STREET, SUITE 200** **MARYSVILLE CA 95901** **(530) 740-1800**	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
DECLARATION IN SUPPORT OF CONTINUANCE **(Family Law)**	CASE NUMBER:

☐ Good cause ☐ Extraordinary circumstances exist for the continuance for the reasons stated in the following declaration:

I, _____, declare as follows:

I am the ☐ Plaintiff/Petitioner ☐ Attorney ☐ Defendant/Respondent ☐ Attorney in this case. I personally know the following facts to be true, and I am competent to testify to those facts.

_____

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_____

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

Dated: _____, 20__ at _____
City and State where signed

_____ _____
Printed name of requesting party Signature of requesting party