

ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT: OTHER PARENT/PARTY:	SUPERIOR COURT CASE NUMBER:
APPELLANT'S MOTION TO USE A SETTLED STATEMENT (UNLIMITED CIVIL CASE) RE: Appeal filed on (date):	COURT OF APPEAL CASE NUMBER (if known):

INSTRUCTIONS TO APPELLANT

- Use this form to request a court order to use a settled statement instead of a reporter's transcript of the trial court oral proceedings for an appeal.
- Serve and file this motion at the same time that you file your notice designating the record on appeal.
- File both forms in the superior court, not the Court of Appeal.

NOTICE OF HEARING

1. TO (name(s)): _____
 Petitioner Respondent Other parent/party Other (specify):

2. A COURT HEARING WILL BE HELD AS FOLLOWS:

a. Date:	Time:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Room:
b. Address of court <input type="checkbox"/> same as noted above <input type="checkbox"/> other (specify):			

3. **WARNING to the person served with this motion:** The court may make the requested order without you if you do not file a response opposing the motion, serve a copy on the other party or parties at least nine court days before the hearing, and appear at the hearing.

4. PROCEEDINGS

I request that the following proceedings in the trial court be included in the settled statement. (You must identify each proceeding you want included by its date, the department in which it took place, a description of the proceeding (for example, the examination of jurors, motions before trial, the taking of testimony, or the giving of jury instructions), the name of the court reporter who reported the proceedings (if any and if known), and whether a certified transcript of the designated proceeding was previously prepared.)

	Date	Department	Full/Partial Day	Description	Reporter's Name	Prev. prepared?
a.						<input type="checkbox"/> Yes <input type="checkbox"/> No
b.						<input type="checkbox"/> Yes <input type="checkbox"/> No
c.						<input type="checkbox"/> Yes <input type="checkbox"/> No
d.						<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional proceedings are listed on a separate page or pages. (At the top of each page, write "Attachment 4" and begin with letter e.)

