APP-025

ATTODNEY OD DADTY WITHOUT ATTOD		
ATTORNEY OR PARTY WITHOUT ATTORNEY	STATE BAR NUMBER:	FOR COURT USE ONLY
NAME:		
FIRM NAME:		
STREET ADDRESS:		
CITY:	STATE: ZIP CODE:	
TELEPHONE NO.:	FAX NO.:	
E-MAIL ADDRESS:		
ATTORNEY FOR (<i>name</i>):		
SUPERIOR COURT OF CALIFORNIA,	COUNTY OF	
MAILING ADDRESS: CITY AND ZIP CODE:		
BRANCH NAME:		
PLAINTIFF/PETITIONER:		
DEFENDANT/RESPONDENT:		
OTHER PARENT/PARTY:		SUPERIOR COURT CASE NUMBER:
(UN	ILIMITED CIVIL CASE)	COURT OF APPEAL CASE NUMBER (if known):
RE: Appeal filed on (date):		
		-
	INSTRUCTIONS TO APPELLANT	
	urt order to use a settled statement instead of a rep	orter's transcript of the trial court oral
proceedings for an appeal.		
 Serve and file this motion at the serve and file this motion. 	he same time that you file your notice designating t	he record on appeal.
• File both forms in the superior	r court, not the Court of Appeal.	
	NOTICE OF HEARING	
1. TO (name(s)):	NOTICE OF HEARING	
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· · · · · ·		ther (<i>specify</i>):
Petitioner Resp	pondent Other parent/party O	ther (<i>specify</i>):
2. A COURT HEARING WILL BE	pondent Other parent/party O	
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Additional proceedings are listed on a separate page or pages. (At the top of each page, write "Attachment 4" and begin with letter e.)
Page 1 of 2

PLAINTIFF/PETITIONER:	SUPERIOR COURT CASE NUMBER:
DEFENDANT/RESPONDENT:	
OTHER PARENT/PARTY:	COURT OF APPEAL CASE NUMBER (if known):

5. REASON FOR ALLOWING USE OF SETTLED STATEMENT

You must support your motion to use a settled statement by showing one or more of the following:

a. A substantial cost saving will result and the statement can be settled without significantly burdening opposing parties or the court (*explain*):

b. The oral proceedings requested in item 4 cannot be transcribed because (explain):

c. I do not have a fee waiver, but I am unable to pay for the reporter's transcript and funds are not available from the Transcript Reimbursement Fund (see rule 8.130(c)) (*explain*):

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF APPELLANT OR ATTORNEY)