

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: 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:	
ORDER ON REQUEST TO OPT OUT OF MANDATORY EXPEDITED JURY TRIAL PROCEDURES	CASE NUMBER:

The court has reviewed the request to opt out, along with any objection thereto, and makes the following orders:

1. The court **grants** the request. The case will *not* proceed under the mandatory expedited jury procedures.
2. The court **denies** the request to opt out for the following reason(s):
3. The court needs more information to decide whether to grant the request. A hearing is set on the date below:

Name and address of court if different from above:

Hearing Date	→ Date: _____ Time: _____ Dept.: _____ Room: _____
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Request for Accommodation

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least 5 days before the date on which you are to appear. Contact the clerk's office or go to www.courts.ca.gov/forms for *Request for Accommodations by Persons with Disabilities and Response* (form MC-410). (Civ. Code, § 54.8.)

Date: _____

JUDICIAL OFFICER

Clerk's Certificate of Service

I certify that I am not a party to this action and (check one):

- A certificate of mailing is attached.
- I handed a copy of this order to the applicant listed above, at the court, on the date below.
- This order was mailed first class, postage paid, to the applicant at the address listed above, from (city): _____, California on the date below.

Date: _____ By: _____
DEPUTY CLERK