ATTORNEY OR PARTY	WITHOUT ATTORN	IEY		FOR COURT USE ONLY
NAME:	NAME: STATE BAR NO:			
FIRM NAME:				
ADDRESS:				
CITY:		STATE:	ZIP CODE:	
E-MAIL ADDRESS (OPTION	NAL):	7	TELEPHONE NO:	
ATTORNEY FOR (NAME):			NO. (OPTIONAL):	
SUPERIOR COURT O 1035 Palm St., Rm 901 Park St., Paso	. 385, San Luis Ó	bispo, CA 934		
PLAINTIFF/PETI	TIONER:			
DEFENDANT/RESPO	ONDENT:			
	IN RE:			
	Y AGREEMENT		OTION HEARING,	CASE NUMBER:
Title of Mo	tion:			_
	tion:			
Motion Fili □ All partie ruling on th	ng Date: es agree to waith of the opposition	ve oral argu out oral argu o has been o will be fil o has been	iment (see below). We ument at the earliest o n filed and served led and served no late n filed and served	request that the Court issue its pportunity.
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Date:	Signature of Attorney or Party:
Additional Signature(s) Attached	Attorney signature: I swear under penalty of perjury under the laws of the State of California, I am authorized to sign for my client.
Responding Party(ies):	
Date:	Signature of Attorney or Party:
	Attorney signature: I swear under penalty of perjury under the laws of the State of California, I am authorized to sign for my client
Date:	Signature of Attorney or Party:
Additional Signature Attached	Attorney signature: I swear under penalty of perjury under the laws of the State of California, I am authorized to sign for my client.
	ORDER
The Court accepts the agree a written ruling or order.	ment and waiver of hearing. The hearing is vacated forthwith, and the Court may issue
Dated:	
	Judge of the Superior Court

The parties are encouraged to submit courtesy copies of this Emergency Agreement and the opposition and reply to Court Attorneys at <u>SloCourtAttorneys@slo.courts.ca.gov</u>.