ATTORNEY OR PARTY WITHOUT ATTORNEY	FOR COURT USE ONLY
NAME: STATE BAR NO:	
FIRM NAME:	
ADDRESS:	
CITY: STATE: ZIP CODE	:
E-MAIL ADDRESS (OPTIONAL): TELEPHONE NO	
ATTORNEY FOR (NAME): FAX NO. (OPTIONAL)	:
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN LUIS OBISPO 1035 Palm St., Rm. 385, San Luis Obispo, CA 93408 901 Park St., Paso Robles, CA 93446	
PLAINTIFF/PETITIONER:	
DEFENDANT/RESPONDENT:	
IN RE:	
FAMILY LAW STIPULATION TO WAIVE HEARING AND SUBMIT ON PAPERS; ORDER FOR ORAL RULING VIA CO	CASE NUMBER:
STIPULATION (AGRE	EMENT)
Request for Order filed: [date]	
Party Who Filed Request for Order:	
Date Currently Set for Hearing:	;
b. A Reply Declaration 🛛 has been filed and	erved no later than d served
□ will be filed and s	erved no later than
n attorney signing below for a client declares under penalty of point ign this agreement.	erjury that he/she has their client's authorization
etitioner [signature of Party Attorney (check one or both)]	[Date signed]
Respondent [signature of Party Attorney (check one or both)]	[Date signed]
ther Party [signature of Party Attorney (check one or both)]	[Date signed]
ORDER	
he court shall appounce its and ruling on	at in D
he court shall announce its oral ruling on arties wishing to hear the ruling announced may do so by makin	g arrangements through CourtCall.
ated:Judge o	f the Superior Court
orm Approved for Emergency Use FAMILY LAW STIPULATION TO WAIVE 1FL Updated April 2020 AND SUBMIT ON PAPERS	HEARING San Luis Obispo Superior Court