| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): | FOR COURT USE ONLY | | |
|---|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| TELEPHONE NO.: FAX No. (Optional): | | | |
| E-MAIL ADDRESS (Optional): | | | |
| ATTORNEY FOR (Name): | | | |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF | | | |
| STREET ADDRESS: | | | |
| MAILING ADDRESS: CITY AND ZIP CODE: | | | |
| BRANCH NAME: | | | |
| PLAINTIFF: | | | |
| | | | |
| DEFENDANT: | | | |
| REQUEST COUNTER-REQUEST | CASE NUMBER: | | |
| TO SET CASE FOR TRIAL—UNLAWFUL DETAINER | | | |
| Plaintiff Defendant | | | |
| 1. Plaintiff's request. I represent to the court that all parties have been served with process and have appeared or have had a default or dismissal entered against them. I request that this case be set for trial. | | | |
| 2. Trial preference. The premises concerning this case are located at (street address, apartment number, city, zip code, and county): | | | |
| a. To the best of my knowledge, the right to possession of the premises is still in issue. This case is entitled to legal preference under Code of Civil Procedure section 1179a. | | | |
| b. To the best of my knowledge, the right to possession of the premises is no lo person is in possession of the premises. | nger in issue. No defendant or other | | |
| 3. Jury or nonjury trial . I request a jury trial a nonjury trial. | | | |
| 4. Estimated length of trial. I estimate that the trial will take <i>(check one):</i> | | | |
| | nted trial is less than one day): | | |
| <u> </u> | | | |
| 5. Trial date. I am not available on the following dates (specify dates and reasons for unavailability): | | | |
| UNLAWFUL DETAINER ASSISTANT (Bus. & Prof. C | ode 88 6400–6415) | | |
| | | | |
| 6. (Complete in all cases.) An unlawful detainer assistant did not did for compensation give advice or assistance with this form. (If declarant has received any help or advice for pay from an unlawful detainer assistant, complete a–f.) | | | |
| a. Assistant's name: c. Telephone | - | | |
| b. Street address, city, and zip code: d. County of respiration | | | |
| | | | |
| e. Registration | | | |
| f. Expires on | (date): | | |
| I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. | | | |
| Date: | | | |
| (TYPE OR PRINT NAME) (SIGI | NATURE OF PARTY OR ATTORNEY FOR PARTY) | | |
| NOTICE | · | | |
| An unlawful detainer case must be set for trial on a date not later than 20 days after the first request to set the case | | | |
| for trial is made (Code Civ. Proc., § 1170.5(a)). | and mot request to set the case | | |
| • If a jury is requested, \$150 must be deposited with the court 5 days before trial (Code Civ. Proc., § 631). | | | |

- · Court reporter and interpreter services vary. Check with the court for availability of services and fees charged.
- If you cannot pay the court fees and costs, you may apply for a fee waiver. Ask the court clerk for a fee waiver form.

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| PLAINTIFF: | | CASE NUMBER: | | |
|-------------------------|--|--|--|--|
| DEFE | NDANT: | | | |
| | | PROOF OF SERVICE BY MAIL | | |
| (form of Service) —Unla | UD-150), have the person who ma e by Mail should be completed and awful Detainer (form UD-150) and | erved by mail with the Request/Counter-Request to illed the form UD-150 complete this Proof of Servind of served with form UD-150. Give the Request/Cou the completed Proof of Service by Mail to the cleri and sign the Proof of Service by Mail. | ce by Mail. <i>An unsigned copy of the</i> Proof of unter-Request to Set Case for Trial | |
| 1. la | I am over the age of 18 and not a party to this case. I am a resident of or employed in the county where the mailing took place. | | | |
| 2. My | residence or business address is | (specify): | | |
| | | est to Set Case for Trial—Unlawful Detainer (form me and address are shown below AND | UD-150) by enclosing a copy in an envelope | |
| a. | depositing the sealed env fully prepaid. | elope in the United States mail on the date and at | the place shown in item 3c with the postage | |
| b. | business practices. I am re mailing. On the same day t | ollection and mailing on the date and at the place adily familiar with this business's practice for colle hat correspondence is placed for collection and m States Postal Service in a sealed envelope with p | cting and processing correspondence for nailing, it is deposited in the ordinary course | |
| c. | (1) Date mailed: | | | |
| | (2) Place mailed (city and state) | : | | |
| | re under penalty of perjury under | the laws of the State of California that the foregoin | ng is true and correct: | |
| Date: | | | | |
| | (TYPE OR PRINT NAME) | (SIGN | ATURE OF PERSON WHO MAILED FORM UD-150) | |
| | (| (| | |
| | NAME AND A | DDRESS OF EACH PERSON TO WHOM NOTIC | CE WAS MAILED | |
| | <u>Name</u> | Address (number, stre | eet, city, and zip code) | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| | List of names and addresses of | ontinued on a separate attachment or form MC-02 | 25, titled Attachment to Proof of Service by | |
| | Mail. | , | | |