

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address)  TELEPHONE NO:                                  FAX NO: E-MAIL ADDRESS (Optional): ATTORNEY FOR(Name):	FOR COURT USE ONLY	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN</b> STREET/MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
<b>PLAINTIFF:</b>  <b>DEFENDANT:</b>	CASE NUMBER:	
	HEARING DATE:	
<b>REQUEST TO SET PROVE UP HEARING/DEFAULT SETTING FOR CIVIL CASES</b>	TIME:	DEPT.:

**Summons, Request for Entry of Default and Declaration of nonmilitary status, or Stipulation for hearing must be on file with the Clerk of Superior Court's Office and SPECIFIC DATE must be requested in writing at least seven (7) court days in advance of hearing. (Compute time according to Cal. Code Civ. Proc. § 12)**

Request is made to calendar the above-entitled case for prove up hearing on *(date)*: \_\_\_\_\_

*HEARING DATE IS NOT TO BE REQUESTED UNTIL ALL NECESSARY PAPERS ARE ON FILE IN THE KERN COUNTY SUPERIOR COURT.*

Date: \_\_\_\_\_

\_\_\_\_\_  
*(Signature)*