ATTORNEY OR PARTY WITHOUT ATTORNEY (Name & Address)		
TELEPHONE NO: E-MAIL ADDRESS: ATTORNEY FOR (name):	FAX NO. (Optional) BAR NO.:	
JUSTICE CENTER: ☐ Lamoreaux - 341 The City D ☐ Central – 700 Civic Center D	LIFORNIA, COUNTY OF ORANGE rive South, Orange, CA 92868-3205 rive West, Santa Ana, CA 92701-4045 e., P.O. Box 5000, Fullerton, CA 92838-0500 stminster, CA 92683-4593	
PETITIONER:		
RESPONDENT:		
APPLICATION AND ORDER TO RESTORE REQUEST FOR ORDER TO CALENDAR		CASE NUMBER:
1. Petitioner Respondent Other: requests that the court restore to calendar the Request for Order filed on: by the Petitioner Respondent Other: 2. This Request for Order was ordered off calendar on:		
 I request that the hearing t 	ne set as follows:	<u> </u>
a. After (specify date		
_	e on (specify dates):	
Page one of the Request for Order must be attached for reference.		
J	·	
Date:		(Signature of Attorney/Party)
	ORDER	
The Court denies follows:	grants the request to restore the Request for	r Order to calendar. Matter set for hearing as
Date:	Time:	Department:
Justice Center Location:		
Date:		
		(Judicial Officer)