

Unopposed Application for Extension of Time to Answer Complaint

Attach this form to the Application for Extension of Time to Answer Complaint event.

Case and Deadline Information		
Civil Action No.:		
Name of party requesting extensi	on:	
Is this the first application for extension of time in this case?		Yes
		No
If no, please indicate which application this represents:		Second
		Third
		Other
Date of Service of Summons:		
Number of days requested:	30 days	
	15 days	
	Other days	
New Deadline Date:	(Required)	
ATTORNEY FILING APPLICATION INFORM	MATION	
Full Name:		
State Bar No.:		
Firm Name:		
Address:		
Phone:		
Fax:		
Email:		