ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
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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:	CASE NUMBER:
REQUEST COUNTER-REQUEST	
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	
a default or dismissal entered against them. I request that this case be set for tria	
Trial preference. The premises concerning this case are located at (street address, ap	partment number, city, zip code, and county):
a. To the best of my knowledge, the right to possession of the premises is still i preference under Code of Civil Procedure section 1179a.	n issue. This case is entitled to legal
b. To the best of my knowledge, the right to possession of the premises is no lo person is in possession of the premises.	onger 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 (check one):	
a. days (specify number): b. hours (specify if estimated	trial is loss than one day):
	(FASE)
Trial date. I am not available on the following dates (specify dates and reasons for una	vaналніу).
UNLAWFUL DETAINER ASSISTANT (Bus. & Prof. Code	, §§ 6400–6415)
6. (Complete in all cases.) An unlawful detainer assistant did not did for assistance with this form. (If declarant has received any help or advice for pay from an unique for the content of t	
a. Assistant's name: c. Telephon	e no.:
b. Street address, city, and zip code: d. County of	f registration:
e. Registrat	ion no.:
f. Expires of	on (date):
I declare under penalty of perjury under the laws of the State of California that the foregoing Date:	*** (2004-044,000 * 144)
•	
(TYPE OR PRINT NAME) (SIGNATURE O	DF PARTY OR ATTORNEY FOR PARTY)
NOTICE	
An unlawful detainer case must be set for trial on a date not later than 20 days af	ter the first request to set the case

- for trial is made (Code Civ. Proc., § 1170.5(a)).
- 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.

PLAINTIFF:		CASE NUMBER:
— DEFENDANT:		
PROC	OF OF SERVICE BY MAIL	
Instructions: After having the parties served by mail wi (form UD-150), have the person who mailed the form UE Service by Mail should be completed and served with for —Unlawful Detainer (form UD-150) and the completed F someone else must mail these papers and sign the Proc	D-150 complete this Proof of Service rm UD-150. Give the Request/Cour Proof of Service by Mail to the clerk t	by Mail. An unsigned copy of the Proof of hter-Request to Set Case for Trial
 I am over the age of 18 and not a party to this case My residence or business address is (specify): 	. I am a resident of or employed in t	the county where the mailing took place.
 I served the Request/Counter-Request to Set Case for addressed to each person whose name and address 		0-150) by enclosing a copy in an envelope
a. depositing the sealed envelope in the Unite fully prepaid.	ed States mail on the date and at the	e place shown in item 3c with the postage
b. placing the envelope for collection and mai business practices. I am readily familiar with mailing. On the same day that corresponde of business with the United States Postal Sc	n this business's practice for collectin nce is placed for collection and maili	ng and processing correspondence for ing, it is deposited in the ordinary course
c. (1) Date mailed:		
(2) Place mailed (city and state):		
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)	(SIGNATURE	OF PERSON WHO MAILED FORM UD-150)
NAME AND ADDRESS OF EA	ACH PERSON TO WHOM NOTI	CE WAS MAILED
Name	Address (number, stre	
4.	radioso (nambor, one	ony, and zip oddoj
5.		
6.		
7.		
8.		
9.		
List of names and addresses continued on a s	separate attachment or form MC-025	5. titled Attachment to Proof of Service by
Mail.	,	