

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name & Address</i>): Name: _____ Bar No. _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ Telephone No.: _____ Fax No. (Optional): _____ E-Mail Address (Optional): _____ ATTORNEY FOR (<i>Name</i>): _____	<i>FOR COURT USE ONLY</i>
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO Gordon D. Schaber Courthouse 720 9th Street Sacramento, California 95814</p>	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
ATTORNEY/PARTY COMPLIANCE STATEMENT	Judge: Department: Hearing Date:

This Attorney/Party Compliance Statement must be completed and filed with the court **at least 15 days** before the hearing. You must appear at the hearing in person or by telephone conference unless the court drops your matter. You may access the court's website at www.saccourt.ca.gov after 2:00 p.m. the day before the hearing to learn whether the Order to Show Cause (OSC) has been dropped from the courts calendar.

1. Explain why you failed to comply with the Case Management Program (CMP) rules as set forth in the OSC issued against you.

2. Have you now complied?
 Yes. Describe how you have complied.

 No. Describe when you intend to comply.

3. Have all defendants been served?
 Yes No

 If not, why not?

4. Have all named defendants answered or been defaulted?
 Yes No

 If not, why not?

5. Have you filed a Case Management Statement?
 Yes No.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

 (SIGNATURE OF ATTORNEY/PARTY)
 Attorney For: _____

 (DATE)

ATTORNEY/PARTY COMPLIANCE STATEMENT