



SUPERIOR COURT OF CALIFORNIA
County of Sacramento
720 Ninth Street, Room 102
Sacramento, CA 95814-1380
(916) 874-5522—Website www.saccourt.ca.gov

For Court Use Only

Attorney or Party Without Attorney (Name, State Bar # and Address):

Telephone No.:
E-Mail Address:
Attorney for (**Name**):

Fax No.:

Plaintiff:

Defendant:

Case Number:

Assigned Dept:

Uninsured Motorist Statement

Plaintiff certifies that this is an uninsured motorist claim as defined in Government Code section 68609.5 and Insurance Code section 11580.2.

Plaintiff requests that this matter be stayed for 180 days as prescribed in California Rule of Court 3.712(b) and Local Rule 2.49.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct:

Dated

Signature of attorney or party without attorney