SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED
FAMILY COURT SERVICES

Attorney or Party without Attorney (Name, state bar, and address): **Telephone No: (209)** **Fax No: (209)** **Attorney for: (*Name)***	***FOR COURT USE ONLY***
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED STREET ADDRESS: **2260 N Street** MAILING ADDRESS: **627 W. 21ST Street** CITY AND ZIP CODE: **Merced, CA 95340** Branch Name: **Family Law Division, Courtroom 6**	
REQUEST FOR WAIVER OF ORIENTATION HEARING	**Case Number: F**

Date for Orientation as currently set by the Court:_____

I, _____, submit this written request for the Court's approval for waiver of orientation ***with the request to be submitted to the Clerk's Office no later than 2days prior the day prior to your scheduled date of Orientation Hearing*.**

This request is made for the following reason:

☐ Party lives over 250 miles away Address: _____

☐ Party has been to orientation within the last 18 months. Date last attended: _____

☐ Telephone Number to confirm waiver of Orientation Hearing _____

Telephone Number including area code

☐ Other: _____

***Date*: _____** _____

Signature of Party

If Orientation Hearing is waived, it is the party's responsibility to contact the Court office to find out the date and time for Mediation and Further Hearing by contacting the Clerk's Office at (209) 725-4117.

Based on the above statement Waiver of Orientation is hereby: ☐ **GRANTED** ☐ **DENIED**

Date: _____ _____

Judge of the Superior Court

Gave party info/Left msg for party **OR** Gave copy to party/attorney: _____ by _____

(Date) (Court Clerk's Inintals)