**TO BE FILED IN THE COURT OF APPEAL**

|  |  |
| --- | --- |
| **SIXTH DISTRICT COURT OF APPEAL, CASE NUMBER:** | COURT OF APPEAL CASE NUMBER: |
| ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.:  NAME:  FIRM NAME: SIXTH DISTRICT APPELLATE PROGRAM  STREET ADDRESS: 95 S. Market Street, Suite 570  CITY: San Jose STATE: CA ZIP CODE: 95113  TELEPHONE NO.:(408) 241-6171 FAX NO. *(if available)*(408) 241-2877  E-MAIL ADDRESS *(if available):*  ATTORNEY FOR (*name*): | SUPERIOR COURT CASE NUMBER: |
|  |
| |  | | --- | | Case Name: In re , person(s) coming under the juvenile court law | | APPELANT:  REPSONDENT: | |
| **APPLICATION FOR EXTENSION OF TIME TO FILE BRIEF**  **(JUVENILE DELINQUENCY CASE)** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. I *(name):* | | |  | request that the time to file *(check one)* |
|  | appellant's opening brief (AOB) | | | |
|  | respondent's brief (RB) | | | |
|  | combined respondent's brief (RB) and appellant's opening brief (AOB) (see rule 8.216) | | | |
|  | combined appellant's reply brief (ARB) and respondent's brief (RB) (see rule 8.216) | | | |
|  | appellant's reply brief (ARB) | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| now due on *(date):* |  | be extended to *(date):* |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 2. | I |  | have |  | have not | received a rule 8.412(d)(1) notice. |

3. I have received

|  |  |
| --- | --- |
|  | no previous extensions to file this brief |
|  | the following previous extensions: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *(number of extensions):* |  | Extensions from the court totaling (*total number of days):* | | | | |
| Did the court mark any previous extension "no further?" | | |  | Yes |  | No | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 4. | The last brief filed by any party was: |  | AOB |  | RB |  | RB and AOB |  | ARB and RB |

filed on *(date):*

5. The record in this case is:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Volumes (#) |  | Pages (#) |  | Date filed |
| Clerks Transcript: |  |  |  |  |  |
| Reporter’s Transcript: |  |  |  |  |  |
| Augmentation/Other: |  |  |  |  |  |

6. The juvenile was adjudicated a ward of the court based on commission of the following offense(s)*:*

7. The disposition followed *(check one):*

|  |  |
| --- | --- |
|  | a contested hearing |
|  | an admission |

**APPLICATION FOR EXTENSION OF TIME TO FILE BRIEF**

**(JUVENILE DELINQUENCY CASE) Page 1 of 2**

Cal. Rules of Court, rules 8.50,

8.60, 8.63, 8.412

**(Appellate)**

APPELLANT:

RESPONDENT:

COURT OF APPEAL CASE NUMBER:

8. The court imposed the following disposition:

9. The reasons that I need an extension to file this brief are stated

|  |  |
| --- | --- |
|  | below. |
|  | on a separate declaration. You may use *Attached Declaration (Court of Appeal)* (form APP-031) for this purpose. |

*(Please specify; see Cal. Rules of Court, rule 8.63 for factors used in determining whether to grant extensions):*

10. A proof of service of this application on all other parties is attached (see Cal. Rules of Court, rule 8.412(e)). You may use *Proof of*

*Service (Court of Appeal)* (form APP-009) or *Proof of Electronic Service (Court of Appeal)* (form APP-009E) for this purpose.

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

Date:



(TYPE OR PRINT NAME)

(SIGNATURE OF PARTY OR ATTORNEY)

Order on Application is below on a separate document

**ORDER**

EXTENSION OF TIME IS:

Granted

Denied

to *(date)*:

Date:

(SIGNATURE OF PRESIDING JUSTICE)

**APPLICATION FOR EXTENSION OF TIME TO FILE BRIEF Page 2 of 2**

**(JUVENILE DELINQUENCY CASE)**

**(Appellate)**

***Notes On Use***: This certificate is used to prove that an ***attorney*** served a notice or other document by e-serving it or by depositing it in the U.S. mail. (Code Civ. Proc., § 1013a, subd. (2); Cal. Rules of Court, rules 8.71(f) and 8.77.)   
***Pro. per. defendants/appellants should not use this sample***.

MTAs and EOTs only require service on the AG/County Counsel, CCAP, appellant, and co-appellant’s counsel (if any). For other pleadings check the filing requirements.

Re: [CASE NAME], No. [DCA CASE NUMBER]

**ATTORNEY’S CERTIFICATE** **OF ELECTRONIC SERVICE**

**AND SERVICE BY MAIL**(Code Civ. Proc., § 1013a, subd. (2); Cal. Rules of Court, rules 8.71(f) and 8.77)

I, *[NAME OF ATTORNEY WHO IS SERVING DOCUMENT ELECTRONICALLY OR BY MAIL]*, certify:

I am an active member of the State Bar of California and am not a party to this cause. My electronic service address is [*YOUR EMAIL-SERVICE ADDRESS*] and my business address is [*YOUR BUSINESS ADDRESS*]. On [*DATE*], I served the persons and/or entities listed below by the method checked. For those marked “Served Electronically,” I transmitted a PDF version of [*EXACT TITLE OF DOCUMENT BEING SERVED*] by TrueFiling electronic service or by e-mail to the e-mail service address(es) provided below. Transmission occurred at approximately [*TIME*]. For those marked “Served by Mail,” I deposited in a *[POST OFFICE OR MAILBOX OR SUB-POST OFFICE OR SUBSTATION OR MAIL CHUTE OR OTHER LIKE FACILITY]* regularly maintained by the United States Postal Service at *[PLACE OF MAILING]*, a copy of the above document in a sealed envelope with postage fully prepaid, addressed as provided below.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Office of the Attorney General  455 Golden Gate Ave., Ste. 11,000  San Francisco, CA 94102-7004  SFAGDocketing@doj.ca.gov  Attorney for Respondent State of California   |  |  | | --- | --- | |  | Served Electronically | |  | Served by Mail | | Sixth District Appellate Program  95 S. Market Street, Suite 570  San Jose, CA 95113  servesdap@sdap.org   |  |  | | --- | --- | |  | Served Electronically | |  | Served by Mail | |
| [*APPELLANT’S NAME*]  [*ADDRESS*]  [Add e-service e-mail address if applicable]   |  |  | | --- | --- | |  | Served Electronically | |  | Served by Mail | | [*ALL COAPPELLANT ATTORNEYS*] [*BUSINESS ADDRESS*]  [Add e-service e-mail address if applicable]   |  |  | | --- | --- | |  | Served Electronically | |  | Served by Mail | |

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on *[DATE]*, at *[TOWN]*, California.

|  |
| --- |
| /s/ *[ATTORNEY’S NAME]* |

*[ATTORNEY NAME]*

DECLARANT

SBN *[######]*