



SUPERIOR COURT OF CALIFORNIA
County of Kings
1640 Kings County Drive, Hanford, CA 93230
(559) 582-1010

APPLICATION FOR STAY OF EVICION PACKET



Online Assistance: www.courts.ca.gov/selfhelp.htm
The California Courts Self-Help Center

E-file California: <https://www.kings.courts.ca.gov/online-services/online-case-filing>

Kings County Superior Court: www.kings.courts.ca.gov

Hours of Operation (Except for Court Holidays): Monday – Friday 8:00a.m. to 4:00p.m.

FORMS INCLUDED IN THIS PACKET

Application for Stay of Eviction	Local Form
Proof of Service	Local Form
Order re: Application for Stay of Eviction	Local Form
Filing Fee Based on the Demand of the Complaint: (If First Appearance Fees Have NOT Been Paid	
• Amount is less than \$10,000.00	\$225.00
• Amount is over \$10,000.00 but less than \$35,000.00	\$370.00
• Amount is over \$35,000.00	\$435.00
If First Appearance Fees Have Already Been Paid:	No Fee

Name: _____ Mailing Address: _____ _____ _____ Phone Number: _____	
PLAINTIFF: 	Case Number: _____
DEFENDANT:	
APPLICATION FOR STAY OF EVICTION- (Kings County Superior Court Local Rule 404)	
NOTICE TO APPLICANT: You <u>must</u> serve a copy of this Application upon the Landlord. Failure to do so in a timely manner may delay consideration of your request.	

Defendant _____ submits this Application and Declaration for Stay of Eviction, as follows:

1. The Judgment was entered on _____.
2. This Application has not been filed more than 10 days past the notice of appeal period [40 days without the landlord's consent in a limited civil case, or up to 70 days in an unlimited case]. (CCP 918(b).)
3. The address of the property is: _____.
4. The Defendant has received notice that removal from the Property will occur on _____.
5. An Appeal has / has not been filed in this case.
6. The moving party will suffer extreme hardship in the absence of a stay and/or will be irreparably injured by removal from the property, as follows:

PLAINTIFF: DEFENDANT:	Case No.
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7. A copy of this Application has been mailed or delivered to Plaintiff or Plaintiff's attorney. (Attach proof that service has been completed to this form). The Defendant understands that without a proof of service having been completed, the court's determination of this Application may be delayed.

8. The Defendant identified herein declares under penalty of perjury pursuant to the laws of the State of California, that the facts set forth herein are true and correct. As to those matters expressly stated to be on information on belief, the Defendant believes those to be correctly and truthfully stated herein.

Dated: _____

_____ (signature)

_____ (print name)

NOTICE TO PROPERTY OWNER/LANDLORD: You are being served with a copy of this Application because the Defendant in this case has sought an order staying execution of a Judgment and Writ of Possession previously issued. If you wish to oppose the Application, you should immediately file and serve your written opposition with the court. If a hearing is set in regard to the Application, you will be mailed notice by the court. ***Please see Kings County Superior Court Local Rule 404 for more information about this process.***

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number (if applicable), and address) _____ _____ _____ Telephone Number: () _____	FOR COURT USE ONLY CASE NUMBER: _____
SUPERIOR COURT OF CALIFORNIA • COUNTY OF KINGS 1640 Kings County Drive Hanford, CA 93230	
PLAINTIFF/PETITIONER: _____ DEFENDANT/RESPONDENT: _____ OTHER PARENT: _____	
PROOF OF SERVICE	

1. I am over the age of 18 years, and **not** a party to this cause. I am a resident of or employed in the county where the mailing occurred.
2. My residence or business address is as follows: _____

3. I served a copy of the following document(s) (specify the name of each form served):

Manner of service (check one box):

4. **[MAIL]**- By enclosing copies in an envelope with the United States Postal Service with postage fully prepaid. The envelope was addressed and mailed as follows:
 - a. Name of person served: _____
 - b. Address: _____

 - c. Date of deposit: ____/____/____
 - d. Place of mailing (city and state): _____, _____
5. **[PERSONAL]**- By **personally** delivering copies to the person served as follows:
 - a. Name of person served: _____
 - b. Address: _____

 - c. Date of service: ____/____/____
 - d. Time of service: _____ a.m. p. m.

6. 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 SERVER)

SUPERIOR COURT OF CALIFORNIA, COUNTY OF KINGS 1640 Kings County Drive Hanford, California 93230 (559) 582-1010	
PLAINTIFF: DEFENDANT:	Case Number:
ORDER RE: APPLICATION FOR STAY OF EVICTION	

On _____, the court received from Defendant(s) an Application and Declaration for Stay of Eviction. An Appeal has / has not been filed in this case.

IT IS HEREBY ORDERED

The Application is denied without hearing.

- The Application was filed more than 10 days past the notice of appeal period [40 days without the landlord's consent in a limited civil case, or up to 70 days in an unlimited case]. (CCP 918(b)).
- The court finds that the moving party will not suffer extreme hardship in the absence of a stay and/or that the nonmoving party would be irreparably injured by its issuance. (CCP 1176(a)).
- Other: _____.

The Application is set for hearing on _____ at _____ a.m./p.m. in Dept. _____ at the Kings County Superior Court, 1640 Kings County Drive, Hanford, California 93230. *If Defendant(s) fails to appear at the hearing, he/she will be evicted without further hearing.* The Clerk of the Court is directed to mail a copy of this Order to all parties. The eviction is not stayed / stayed, pending the hearing.

The Application is summarily granted. A stay of eviction is granted until _____. The court finds that the moving party will suffer extreme hardship in the absence of a stay and the nonmoving party will not be irreparably injured by its issuance. (*See below for conditions of stay.*)

- No conditions.
- Defendant(s) shall deposit with the court the daily rental value of the property in the amount of \$_____ per day (Total: \$_____). The deposit shall be made with the court by ____ a.m./p.m. on _____. If the full deposit is not received, the stay is vacated and the Application is denied.
- Other: _____.

Following hearing on _____ at _____ a.m./p.m. in Dept. ___ of the Kings County Superior Court, the Application is Granted / Denied. [All conditions, if any, are set forth below]

Other: _____

Dated: _____

Judge of the Superior Court