

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State Bar number, and address): NAME: ADDRESS: CITY, STATE, ZIP: TELEPHONE NO: FAX NO. (Optional): EMAIL ADDRESS (Optional): ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA COUNTY OF SANTA CRUZ 1 Second Street, Room 300 Watsonville, CA 95076 Watsonville Branch	
PLAINTIFF/PETITIONER: vs. DEFENDANT/RESPONDENT:	
<div style="text-align: center;">REQUEST FOR TRIAL (FAMILY LAW)</div> <input type="checkbox"/> Dissolution <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Legal Separation <input type="checkbox"/> Nullity <input type="checkbox"/> Parentage <input type="checkbox"/> Other Family Law: _____	CASE NUMBER: DEPARTMENT:

1. How long do you think your trial will last? _____ (check one) hour(s) day(s)

2. What has not been agreed upon between you and the other party?

- | | | |
|--|--|--|
| <input type="checkbox"/> Custody/Visitation | <input type="checkbox"/> Child Support | <input type="checkbox"/> Arrearages |
| <input type="checkbox"/> Contempt | <input type="checkbox"/> Property Characterization | <input type="checkbox"/> Reimbursement |
| <input type="checkbox"/> Property Valuation | <input type="checkbox"/> Property Valuation Date | <input type="checkbox"/> Set-Aside |
| <input type="checkbox"/> Date of Separation | <input type="checkbox"/> Property Division | <input type="checkbox"/> Other |
| <input type="checkbox"/> Attorney's Fees and Costs | <input type="checkbox"/> Spousal Support | |

3. Discovery (getting information from the other party):

Has discovery been completed? Yes No (trial will not be set until discovery is completed.)

- | | | | |
|--|---|------------------------------|-----------------------------|
| 4. Petitioner has served Respondent with | <input type="checkbox"/> Preliminary Declarations of Disclosure | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Petitioner has served Respondent with | <input type="checkbox"/> Final Declarations of Disclosure | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Respondent has served Petitioner with | <input type="checkbox"/> Preliminary Declarations of Disclosure | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Respondent has served Petitioner with | <input type="checkbox"/> Final Declarations of Disclosure | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

5. Do you want a:

- a. Judicial Mediation? Yes No
- b. Trial on separate issues? Yes No If yes, what issues: _____

6. Have parties and/or counsel met to discuss settlement? Yes No

7. Is the Department of Child Support Services involved on the issue of child support? Yes No

If yes, which County? _____ What is the court case number if different? _____

DATE: _____
 Attorney for Petitioner Respondent Other

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
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PROOF OF SERVICE BY MAIL (C.C.P. 1013a)

I mailed a copy of the **Request for Trial** in a sealed envelope as follows:

- a. Mailed from: _____ (city) _____ (state)
- b. On (date): _____
- c. To: _____ (name of party or attorney served)
- d. Address: _____
 City: _____ State: _____ Zip: _____

Server's Information:

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

(If you are a registered process server):

County of Registration: _____ Registration Number: _____

I am over the age of 18 and not a party to this case.

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

Date: _____

 (Signature of Person Doing the Mailing)