

*FOR COURT USE ONLY*

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:

**REQUEST FOR TRIAL (FAMILY LAW)**  
 **Dissolution**                       **Domestic Partnership**  
 **Legal Separation**                 **Nullity**  
 **Parentage**                         **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)