

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>NAME AND ADDRESS</i> ):	TELEPHONE NO.:	<i>For Court Use Only</i>
ATTORNEY FOR ( <i>NAME</i> ):		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ</b>		
<input type="checkbox"/> Santa Cruz 701 Ocean Street, Room 110 Santa Cruz, CA 95060	<input type="checkbox"/> Watsonville Branch 1 Second Street, Room 300 Watsonville, CA 95076	
Petitioner:		
Respondent:		
Other Parent/Claimant:		
<b>REQUEST FOR TRIAL (FAMILY LAW)</b>		CASE NUMBER:
<input type="checkbox"/> Dissolution	<input type="checkbox"/> Domestic Partnership	DEPARTMENT NUMBER:
<input type="checkbox"/> Legal Separation	<input type="checkbox"/> Nullity	
<input type="checkbox"/> Parentage	<input type="checkbox"/> Other Family Law: _____	

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 & Costs | <input type="checkbox"/> Spousal Support           | _____                                  |

3. Discovery (getting information about/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  Preliminary Declaration of Disclosure  Yes  No  
 Petitioner has served Respondent with  Final Declaration of Disclosure  Yes  No  
 Respondent has served Petitioner with  Preliminary Declaration of Disclosure  Yes  No  
 Respondent has served Petitioner with  Final Declaration of Disclosure  Yes  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 from this case)? \_\_\_\_\_

DATE: \_\_\_\_\_  
 Attorney for  Petitioner  Respondent  Other \_\_\_\_\_

**REQUEST FOR FAMILY LAW TRIAL**

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.

Dated: \_\_\_\_\_  
\_\_\_\_\_  
*(Signature of Person Doing the Mailing)*

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**REQUEST FOR FAMILY LAW TRIAL**