

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS):	TELEPHONE NO.:	<i>FOR COURT USE ONLY</i>
ATTORNEY FOR (Name):		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PLAINTIFF/PETITIONER:  DEFENDANT/RESPONDENT:		
<b>REQUEST      COUNTER REQUEST</b> <b>FOR CASE MANAGEMENT CONFERENCE/TRIAL SETTING (FAMILY LAW)</b>		CASE NUMBER:

Estimated trial time: \_\_\_\_\_

Petitioner/Respondent/Claimant herein hereby requests that a Case Management Conference be set on a date after \_\_\_\_\_ . Additionally, the following dates are unacceptable for the Case Management Conference: \_\_\_\_\_ .

Names, addresses and telephone numbers of attorneys or of parties representing themselves:

For Petitioner

For Claimant

For Respondent

I hereby represent to the court that all essential parties have been served with process or have appeared and declared that this case is at issue to all such parties; that no amended or supplemental petition or cross-petition/complaint or other affirmative pleading remains unanswered; that, to my knowledge, other parties will not be served with a summons prior to the time of trial; and that I know of no further pleading(s) to be filed.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Attorney/Party

Petitioner/Plaintiff

Respondent/Defendant

Claimant

**PROOF OF SERVICE BY MAIL**

I am over the age of 18 and not a party to this cause. I am a resident of, or employed in, the county where this mailing occurred. I served the REQUEST FOR CASE MANAGEMENT CONFERENCE/TRIAL SETTING (FAMILY LAW), by placing a true copy in a sealed envelope with postage prepaid, addressed to each person whose name and address is given below, and depositing the envelope in the United States mail on the date stated below.

Date of deposit: \_\_\_\_\_

Place of deposit: \_\_\_\_\_  
City and State

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

Executed on: \_\_\_\_\_

\_\_\_\_\_  
Residence/business address of declarant

\_\_\_\_\_  
Signature of declarant

**NAME AND ADDRESS OF EACH PERSON TO WHOM MAILED**

**NOTES:** Any party not in agreement with the information or estimates given in the statement shall, within 10 days after service, serve and file a statement in his/her behalf.

Affidavit of mailing must be completed before acceptance by the Court.