ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
NAME: ADDRESS: CITY, STATE, ZIP: TELEPHONE NO: FAX NO. (Optional): EMAIL ADDRESS (Optional): ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BENITO 450 Fourth Street Hollister, CA 95023	
PLAINTIFF/PETITIONER: vs. DEFENDANT/RESPONDENT:	CASE NUMBER: HEARING DATE: TIME: DEPT:

TO: The Court in the above-entitled matter, and to _____ Petitioner/Respondent:

I. STATISTICAL FACTS

a. Date of Marriage:_____

b. Date of Separation: _____

c. Length of Marriage:_____ Years _____ Months

d. Child(ren): Name Age DOB

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

See attachment for additional children

II. BRIEF SUMMARY OF THE CASE

This case was filed originally by _____ on _____.

Disclosures have been _____

_____

_____

III. SETTLED ISSUES

IV. ISSUES TO BE LITIGATED AT TRIAL

V. PROPOSAL OF RESOLUTION OF ISSUES

VI. SUMMARY OF ANY EXPERT REPORTS OR TESTIMONY TO BE OFFERED

VII. WITNESS LIST

VIII. LEGAL ARGUMENTS TO BE RELIED ON

IX. OTHER MATTERS

X. ATTACHMENTS AND EXHIBITS

Respectfully Submitted,

Date:_____ _____

Petitioner/Respondent