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):		
	-	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BENITO		
450 Fourth Street Hollister, CA 95023		
Hollister, CA 95023		
PLAINTIFF/PETITIONER:	-	
	CASE NUMBER:	
VS.		
	HEARING DATE:	
DEFENDANT/RESPONDENT:	TIME: DEPT:	
L	1	
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 Mon	nths	
d. Child(ren): Name	Age DO	B
a. China(ren). Manie	1150 DU.	J
See attachment for additional children		
II. BRIEF SUMMARY OF THE CASE		
This case was filed originally by on	••	
Disclosures have been		_
		_

1	III.	SETTLED ISSUES
2		
3		
4		
5		
6		
7		
8	IV.	ISSUES TO BE LITIGATED AT TRIAL
9		
10		
11		
12		
13		
14		
15	V.	PROPOSAL OF RESOLUTION OF ISSUES
16		
17		
18		
19		
20		
21		
22	VI.	SUMMARY OF ANY EXPERT REPORTS OR TESTIMONY TO BE
23		OFFERED
24		
25		
26		
27		
28		
		d for Optional Use TRIAL BRIEF Superior Court of California, County of San Benito

VII.	WITNESS LIST
VIII.	LEGAL ARGUMENTS TO BE RELIED ON
IX.	OTHER MATTERS
Х.	ATTACHMENTS AND EXHIBITS
	Respectfully Submitted,
Date:_	
	Petitioner/Respondent

SB-FL-4