

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS): TELEPHONE NUMBER:	FOR COURT USE ONLY
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: Family Court	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT: OTHER PARENT/CLAIMANT:	
<div style="text-align: center;"> REQUEST FOR TRIAL (Family Law) </div> <input type="checkbox"/> Dissolution <input type="checkbox"/> Nullity <input type="checkbox"/> Legal Separation <input type="checkbox"/> Other Family Law: _____ <input type="checkbox"/> Parentage	CASE NUMBER: DEPARTMENT NUMBER:

1. How long will your trial take (estimate)? _____ Hours / Days (circle one)

2. Check the issues on which you and the other party disagree or need orders:

<input type="checkbox"/> Child Support	<input type="checkbox"/> Spousal Support	<input type="checkbox"/> Arrearages
<input type="checkbox"/> Property Characterization	<input type="checkbox"/> Property Valuation	<input type="checkbox"/> Property Valuation Date
<input type="checkbox"/> Property Division	<input type="checkbox"/> Reimbursement	<input type="checkbox"/> Date Of Separation
<input type="checkbox"/> Attorney's Fees & Costs	<input type="checkbox"/> Other: _____	

3. **Discovery** (getting information about/from the other party) that still needs to be done:
 Has discovery been finished? Yes No Not required/requested in this case
 If no, what discovery still needs to be done? Interrogatories Depositions Document Production
 How long do you think it will take both parties to finish discovery: _____

4. Mandatory **Declarations of Disclosure** (Dissolution, Legal Separation and Nullity cases only):
 Petitioner has served Respondent with Preliminary Final Declarations of Disclosure
 Respondent has served Petitioner with Preliminary Final Declarations of Disclosure
 If financial disclosures have not been exchanged/served, do you need a deadline? Yes No

5. Do you want a **Trial on separate issues**? Yes No If yes, what issues: _____

6. Have you and the other party and/or your attorneys met to discuss settlement? Yes No
 Do you want a **Settlement Officer Conference**? Yes No

7. Is the **Department of Child Support Services** involved on the issue of child support? Yes No
 If yes, which county? _____ FSB Number: _____ Court case number (if different from this case): _____

Date: _____

Attorney for Petitioner Respondent Other

NOTE: THIS FORM SHALL NOT BE USED FOR CUSTODY OR VISITATION ISSUES OR IN DOMESTIC VIOLENCE PREVENTION ACT CASES.

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 and address of the person served): _____

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

Server prints name here

Server signs name here