

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY CASE NUMBER: DEPARTMENT NUMBER: DATE OF CONFERENCE:								
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SIERRA 100 Courthouse Square, 2nd Floor Downieville, CA 95936									
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT: OTHER PARENT/CLAIMANT:									
<table style="width:100%;"> <tr> <td colspan="2" style="text-align: center;">STATUS AND CASE RESOLUTION CONFERENCE QUESTIONNAIRE</td> </tr> <tr> <td><input type="checkbox"/> Dissolution</td> <td><input type="checkbox"/> Legal Separation</td> </tr> <tr> <td><input type="checkbox"/> Nullity</td> <td><input type="checkbox"/> Other Family Law</td> </tr> <tr> <td><input type="checkbox"/> Parentage</td> <td></td> </tr> </table>		STATUS AND CASE RESOLUTION CONFERENCE QUESTIONNAIRE		<input type="checkbox"/> Dissolution	<input type="checkbox"/> Legal Separation	<input type="checkbox"/> Nullity	<input type="checkbox"/> Other Family Law	<input type="checkbox"/> Parentage	
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1. Check the issues on which you and the other party disagree or need orders:

a. <input type="checkbox"/> Custody/Visitation	e. <input type="checkbox"/> Child Support	i. <input type="checkbox"/> Spousal Support
b. <input type="checkbox"/> Arrearages	f. <input type="checkbox"/> Property Valuation	j. <input type="checkbox"/> Property Valuation Date
c. <input type="checkbox"/> Property Division	g. <input type="checkbox"/> Property Characterization	k. <input type="checkbox"/> Separation Date
d. <input type="checkbox"/> Reimbursement	h. <input type="checkbox"/> Attorney's Fees & Costs	l. <input type="checkbox"/> Other:

2. **Discovery** (getting information about/from the other party) that still needs to be done:
 - a. Is discovery completed? Yes No Not required/requested in this case
 - b. If not, what discovery still needs to be done? Interrogatories Depositions Document Production
 - c. When will your discovery be completed?

3. **Declarations of Disclosure (Mandatory)** (Dissolution, Legal Separation and Nullity cases only):
 - a. Petitioner has served Respondent with Preliminary Final Declarations of Disclosure
 - b. Respondent has served Petitioner with Preliminary Final Declarations of Disclosure
 - c. If not, do you need a deadline ordered by the Court? Yes No

4.
 - a. **Settlement:** Have you and the other party and/or your attorneys met to discuss settlement? Yes No
 - b. **Agreements:** Have any agreements been reached in your case? Yes No
What issues are agreed upon?
 - c. Do you want a Court order requiring attendance at a **Mandatory Settlement Conference**? Yes No

5. Case Resolution Conference Request: This is a complex matter and a Case Resolution Conference is requested.

6.
 - a. Trial Setting: Is this matter ready to be set for trial? Yes No
 - b. How long will your trial take (estimate)? Hours Days

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

Date: _____

Attorney for
 Petitioner
 Respondent
 Other

INSTRUCTIONS

1. You or your attorney must **complete this Case Resolution Conference Questionnaire**. If you are representing yourself, help is available at the Family Law Facilitator's Office (530-289-3698) located in the Sierra County Courthouse, at 100 Courthouse Square, 2nd Floor, Downieville, California. You may call the Clerk's Office at 530-289-3698 or visit the Court's website at www.sierra.courts.ca.gov for information about hours of operation and other important details. However, **the Clerk's office cannot provide you with legal advice**.

2. You must serve a copy of the completed form and file the original with the Court no later than 10 calendar days before the Status or Case Resolution Conference.
 - a. **Serve a copy of this form** by mail at least 10 calendar days before the Status or Case Resolution Conference. Service by mail means that someone over the age of 18 who is not a party to the case mails a completed copy of this form to the other party, if self-represented, or to the other party's attorney. The person serving the form must complete the Proof of Service by Mail below. **IMPORTANT: You cannot serve this form yourself!**

 - b. **File the original completed form** at least 10 calendar days before the Status or Case Resolution Conference.

3. **If you are representing yourself and do not have an attorney, you must appear in person or by CourtCall at the Status or Case Resolution Conference.** You may be able to obtain information concerning completing your case from the Self-Help Center on the day of the conference.

4. **If you are being represented by an attorney, your attorney can appear in person or by CourtCall.** Please consult with your attorney about the need for you to be present, in person or by telephone, at the Status or Case Resolution Conference.

PROOF OF SERVICE BY MAIL (C.C.P. 1013a)

I mailed a copy of the Case Management Conference Questionnaire in a sealed envelope, postage prepaid and addressed as follows:

- a.) Mailed from: (City) _____, (State) _____
- b.) On (date): _____
- c.) To (name and address on the envelope): _____

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