ATTACHMENT FM-1012

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ATTO	RNEY OR PARTY WITHOUT AT	ITORNEY (NAME AND ADDRESS):	TELEPHONE NUMBER:	FOR COURT USE ONLY			
ATTO	RNEY FOR <i>(Name):</i>						
		ALIFORNIA, COUNTY OF S	ANTA CLARA				
	CITY AND ZIP CODE:	5 7 1 6 0 1					
	BRANCH NAME:	Family Justice Center					
	PLAINTIFF/PETITIONER:						
	ENDANT/RESPONDENT:						
OTH	ER PARENT/CLAIMANT:						
	1	REQUEST FOR TRIAL (Family Law)		CASE NUMBER:			
_	Dissolution	Nullity		DEPARTMENT NUMBER:			
	Legal Separation Parentage	Other Family Law:					
1.	. How long will your trial take (estimate)? Hours Days (check one)						
2.	Check the issues on which you and the other party disagree or need orders: Child Support Spousal Support Arrearages Property Characterization Property Valuation Property Division Reimbursement Date Of Separation Attorney's Fees & Costs 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 <u>no</u> , 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 \square Preliminary \square Final Declarations of Disclosure Respondent has served Petitioner with \square Preliminary \square Final Declarations of Disclosure If financial disclosures have not been exchanged/served, do you need a deadline? \square Yes \square No						
5	Do you want a Trial on separate issues ?						
6	Have you and the other party and/or your attorneys met to discuss settlement?						
	Do you want a Settlement Officer Conference ?						
7	Is the Department of Child Support Services involved on the issue of child support?						
	If yes, which county?	FSB Number:	Court case number (if diff	erent from this case):			
Date:							
- 410.			☐ 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 se	ealed envelope as follows:			
a.) Maile	d from (City):	, (State):			
b.) On (d	late):		<u></u>		
c.) To (na	ame and address of the person	n served):			
Server's Inform	mation:				
Name:					
Address:					
		State:			
(If you are a reg	gistered process server):				
County of Regis	stration:	Registratio	Registration Number:		
	age of 18 and not a party to he information above is true ar	this case. I declare under pend correct.	nalty of perjury under the law	s of the State of	
Date	Server prints name h	ere Se	rver signs name here		