

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS): TELEPHONE NO.: ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: 201 North First Street, San José, CA 95113 MAILING ADDRESS: 191 North First Street CITY AND ZIP CODE: San José, California 95113 BRANCH NAME: Family Justice Center	
PETITIONER: RESPONDENT: OTHER PARENT/CLAIMANT:	
STATUS OR CASE RESOLUTION CONFERENCE QUESTIONNAIRE <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: DATE OF CONFERENCE:

1. **This is for a** (check all that apply): **Status Conference** **Case Resolution Conference**
2. I am the Petitioner Respondent Attorney for the Petitioner Attorney for Respondent Other
3. a. Petitioner's Preliminary Final Declaration of Disclosure has been served.
 b. Respondent's Preliminary Final Declaration of Disclosure has been served.
4. Check the issues on which you and the other party disagree or need orders (additional pages may be attached):

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: _____

5. **Mediation and Alternate Dispute Resolution (ADR)** - We are in mediation or alternate dispute resolution. A continuance of the Status or Case Resolution is requested in order to allow additional time to resolve this matter.
6. **Settlement: Have you and the other party and/or your attorneys met to discuss settlement?** Yes No
7. Do you want a **Settlement Officer Conference (SOC)**? Yes No
8. **Case Resolution Conference Request:** This is a complex matter and a Case Resolution Conference is requested.
9. a. Trial/Hearing Setting: Is this matter ready to be set for trial or hearing? Yes No
 b. How long will your trial take (estimate)? _____ Hours Days
10. Number of **Expert Witnesses:** _____ None Names: _____
11. 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

INSTRUCTIONS

1. **You or your attorney may choose to complete this Status and Case Resolution Conference Questionnaire. If you or the other party is requesting a trial, you or your attorney must complete this Status and Case Resolution Conference Questionnaire.** If you are representing yourself, help is available at the Self Help Center and Family Law Facilitator's Office located in the Family Justice Center, at 201 North First Street, San José, California 95113. You may call (408) 882-2926 or visit our website at www.scsccourt.org for information about hours of operation and other important details.
2. **If this form is being used, you must serve and file this form** 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. Self represented litigants and those attorneys appearing in person, should bring at least two (2) filed copies of the completed form to the Case Management Conference.
3. Parties and attorneys may appear remotely by video or phone using the Remote Hearings Links located on the Court's website at www.scsccourt.org.

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

I mailed a copy of the Case Management Conference Questionnaire 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