

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (NAME, ADDRESS & PHONE) ATTORNEY FOR:	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: CITY & ZIP CODE:	
PETITIONER: RESPONDENT:	
<input type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's Settlement Conference Statement	CASE NO.: Court Date:

1. Parties

Attorney for: Petitioner Respondent Joined Party
 Self-Represented: Petitioner Respondent Joined Party
 Other (*explain*): _____

2. General Information

a) Date of Marriage/Partnership: _____ Date of Separation: _____

b) Minor Child/ren and ages:

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

c) Service of Declarations of Disclosure:

	<u>Preliminary</u>	<u>Final</u>
<input type="checkbox"/> Petitioner	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Respondent	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Issues in Agreement (Check all applicable boxes)

	Yes	
		Date of Stipulation and /or Order (if applicable):
(a) Child Custody	<input type="checkbox"/>	_____
(b) Child Support	<input type="checkbox"/>	_____
(c) Spousal Support	<input type="checkbox"/>	_____
(d) Attorney's Fees	<input type="checkbox"/>	_____
(e) Paternity	<input type="checkbox"/>	_____
(f) Property Division	<input type="checkbox"/>	_____

If there is a property agreement, please specify issues agreed upon (e.g.: personal property, residence/real property, debts):

4. Issues in Dispute (Check applicable boxes and briefly state position)

(a) Child Custody **Yes** Your position:

(b) Child Support _____

(c) Spousal Support _____

(d) Attorney's Fees _____

(e) Paternity of Minor Children _____

5. Division of Community Property Assets (If yes, you must file an FL-160.)

(a) Residence: Do the parties have an Agreement? Yes No

If the parties do not have an Agreement, describe your proposal:

(b) Vehicles: Do the parties have an Agreement? Yes No

If the parties do not have an Agreement, describe your proposal:

(c) Retirement/Pension: Do the parties have an Agreement? Yes No

If the parties do not have an Agreement, describe your proposal:

(d) Money/Investments: Do the parties have an Agreement? Yes No

If the parties do not have an agreement, describe your proposal:

(e) Other Assets: Do the parties have an Agreement? Yes No

If the parties do not have an Agreement, describe your proposal:

6. Division of Community Debts

(a) Credit Cards: Do the parties have an Agreement? Yes No

If the parties do not have an Agreement, describe your proposal:

(b) Other Debts/Credits: Do the parties have an Agreement? Yes No

If the parties do not have an Agreement, describe your proposal:

7. Separate Property Do the parties have an Agreement? Yes No

If the parties do not have an Agreement, describe your proposal:

8. Other Issues in Dispute

Specify: _____

9. Attachments

- Attachment No. ____: Income and Expense Declaration (FL-150)
- Attachment No. ____: Schedule of Assets and Debts (FL-142)
- Attachment No. ____: Property Declaration(s) (FL-160)
- Attachment No. ____: Spousal/Partner Support Declaration (FL-157)

10. Trial Estimate _____ Hour(s) or _____ Day(s)

Dated: _____

_____ Attorney for *or* Self-represented

Petitioner Respondent Joined Party

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Proof of Service by Mail

I declare I am over 18 years of age, **not a party to this action**. I am a resident of or employed in the county where the mailing took place.

My residence or business address is: _____

On the date below, I served a completed copy of this document by:

Depositing the sealed envelope with the United States postal Service with the postage fully prepaid
or

Placing the envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

The envelope was addressed and mailed as follows:

Name of person served: _____

Address of person served: _____

I declare, under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

DATE: _____

Signature of Person Mailing: _____

Print Name of Person Mailing: _____