

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (NAME, ADDRESS & PHONE) ATTORNEY FOR:	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF AMADOR STREET ADDRESS: 500 ARGONAUT LANE CITY & ZIP CODE: JACKSON, 95642	
PETITIONER: RESPONDENT:	
FAMILY LAW SETTLEMENT CONFERENCE STATEMENT	CASE NO.:

- 1. Parties**
- (a) Attorney for Petitioner Respondent Joined Party
- (b) Self-represented Petitioner Self-represented Respondent
- (c) Other (explain) _____

- 2. Nature of Case** Dissolution Legal Separation

3. General Information

- (a) Date of Marriage/Partnership: _____
 Date of Separation: _____
- (b) Minor Child/ren and ages:

- (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 |

4. Issues in Agreement (Check all applicable boxes)

- | | Yes | |
|-----------------------|--------------------------|-------|
| (a) Child Custody | <input type="checkbox"/> | _____ |
| (b) Child Support | <input type="checkbox"/> | _____ |
| (c) Spousal Support | <input type="checkbox"/> | _____ |
| (d) Attorney 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):

5. Issues in Dispute (Check applicable box and briefly state position.)

Yes Party's statement of contention:

(a) Child Custody _____

(b) Child Support _____

(c) Spousal Support _____

(d) Property Division _____
(Assets & Debts)

5(d) For any property items in dispute, forms FL-160 and FL-161 must be fully completed and attached to this statement.

(e) Attorney Fees _____

(f) Paternity of Minor Children _____

6. **Other Issues in Dispute**

Specify: _____

7. **Trial Estimate:** _____ **Hour(s)** or _____ **Day(s)**

DATED: _____

Attorney for *or* self-represented
 Petitioner Respondent Joined Party

* * * * *

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: _____