

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA 209 West Yosemite Avenue Madera, California 93637	
PLAINTIFF:	
DEFENDANT:	
<input type="checkbox"/> COUNTER AT ISSUE MEMORANDUM	CASE NUMBER: Complaint filed:

The undersigned represents to the court that all essential parties have been served with process or appeared therein and that the case is at issue as to all such parties

A COURT REPORTER IS MANDATORY (Local Rule 103.1)

Pretrial Hearing Requested? YES NO If your answer is "Yes," attach a signed statement setting forth with particularity your reasons.

Jury Demanded? YES NO Estimated Time of Trial _____

Is this case entitled to legal preference? YES NO
 If your answer is "Yes," pursuant to Code § _____

Set forth those dates that are not available to you for trial in the next 12 MONTHS.

Eminent Domain actions must show the parcel numbers. Submit one copy of this form for each parcel number or each case if consolidated for trial.

Do you request referral to Judicial Arbitration? YES NO

Type of Action

- Personal Injury, Motor Vehicle Personal Injury (Other) Wrongful Death (Motor Vehicle) Wrongful Death (Other)
 Property Damage (Motor Vehicle) Property Damage (Other) Dissolution of Marriage Marital Separation Nullity
 Eminent Domain. Parcel No.: _____
 Other: _____

The name, address and telephone number of each attorney for a party or each party appearing without an attorney are shown below and on the reverse of this document (attach additional pages if necessary)

FOR PLAINTIFF/PETITIONER:

Firm:
 Attorney Appearing:
 Address:
 City, State Zip
 Telephone Number

FOR DEFENDANT/RESPONDENT:

Firm:
 Attorney Appearing:
 Address:
 City, State Zip
 Telephone Number

Dated: _____

SIGNATURE

Attorney(s) for: _____

TYPE OR PRINT SIGNATURE

ANY PARTY NOT IN AGREEMENT WITH THE INFORMATION OR ESTIMATES GIVEN IN AN AT ISSUE MEMORANDUM SHALL, WITHIN TEN DAYS AFTER THE SERVICE THEREOF, SERVE AND FILE A MEMORANDUM IN HIS OR HER BEHALF

ADDITIONAL PARTIES

REPRESENTING:

Firm:
Attorney Appearing:
Address:
City, State Zip
Telephone Number

REPRESENTING:

Firm:
Attorney Appearing:
Address:
City, State Zip
Telephone Number

REPRESENTING:

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Certificate of Mailing

I hereby declare under penalty of perjury of the laws of the State of California that I am over the age of 18 years and not party to this action: that on the date set forth below, I served the above document on the parties named by depositing true copies thereof, enclosed in a sealed envelope with postage thereon fully prepaid, in the United States Post Office at addressed to each attorney or party whose name and address is shown above.

Dated:

SIGNATURE OF DECLARANT

TYPE OR PRINT SIGNATURE