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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address)*:

|  |
| --- |
|       |
|       |
|       |
|       |
| TELEPHONE NO:       |  | FAX NO. (Optional):      |
| E-MAIL ADDRESS *(Optional)*:      |  |  |
| ATTORNEY FOR *(Name)*:       |  |  |

 | *FOR COURT USE ONLY* |
|  |
| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA** 200 South G StreetMadera, California 93637Civil Division |
| PLAINTIFF/PETITIONER:      DEFENDANT/RESPONDENT:       |
| [ ]  **COUNTER AT ISSUE MEMORANDUM** | CASE NUMBER:      |

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 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 a copy of this form for each parcel number or each case if consolidated for trial.

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 or 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: FOR DEFENDANT/RESPONDENT:

Firm:       Firm:

Attorney appearing:       Attorney appearing:

Address:       Address:

City, State, Zip:       City, State, Zip:

Telephone Number:       Telephone Number:

Dated:                  ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature

Attorney(s) for:        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of 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 OWN BEHALF.**

ADDITIONAL PARTIES:

REPRESENTING:       REPRESENTING:

Firm:       Firm:

Attorney appearing:       Attorney appearing:

Address:       Address:

City, State, Zip:       City, State, Zip:

Telephone Number:       Telephone Number:

REPRESENTING:       REPRESENTING:

Firm:       Firm:

Attorney appearing:       Attorney appearing:

Address:       Address:

City, State, Zip:       City, State, Zip:

Telephone Number:       Telephone Number:

REPRESENTING:       REPRESENTING:

Firm:       Firm:

Attorney appearing:       Attorney appearing:

Address:       Address:

City, State, Zip:       City, State, Zip:

Telephone Number:       Telephone Number:

REPRESENTING:       REPRESENTING:

Firm:       Firm:

Attorney appearing:       Attorney appearing:

Address:       Address:

City, State, Zip:       City, State, Zip:

Telephone Number:       Telephone Number:

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, addressed to each attorney or party whose name and address is shown above.

Dated:                  ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SIGNATURE OF DECLARANT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 TYPE OR PRINT NAME