

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): FAX NO. (Optional):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA 200 South G Street Madera, California 93637 Civil 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.

Is a court reporter mandatory under Local Rule 1.4.1? ☐ YES ☐ NO

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 (If Dissolution of Marriage, Marital Separation, or Nullity is selected, you must indicate the specific issue(s)),

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

Specific issue(s): _____

Have both parties completed and exchanged disclosures and filed the FL-141 form(s)? ☐ Yes ☐ No

If so, when? _____

☐ 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:

Dated:

Attorney(s) for:

FOR DEFENDANT/RESPONDENT:

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

Signature

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:

Firm:

Attorney appearing:

Address:

City, State, Zip:

Telephone Number:

REPRESENTING:

Firm:

Attorney appearing:

Address:

City, State, Zip:

Telephone Number:

REPRESENTING:

Firm:

Attorney appearing:

Address:

City, State, Zip:

Telephone Number:

REPRESENTING:

Firm:

Attorney appearing:

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Attorney appearing:

Address:

City, State, Zip:

Telephone Number:

REPRESENTING:

Firm:

Attorney appearing:

Address:

City, State, Zip:

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