

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name & Address</i>): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (<i>Name</i>): _____ BAR NO.: _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN LUIS OBISPO <input type="checkbox"/> 1035 Palm St. Rm. 385 San Luis Obispo, CA 93408 <input type="checkbox"/> 901 Park St. Paso Robles, CA 93446	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
REQUEST FOR <input type="checkbox"/> STATUS <input type="checkbox"/> FAMILY CENTERED CASE RESOLUTION CONFERENCE	CASE NUMBER: _____

This form is to be used only to request a specific case resolution plan and/or case management orders. The conference is not intended to be an evidentiary hearing.

1. This conference is being requested for the following reasons:

2. Declaration

A copy of this *Request for Status or Family Centered Case Resolution Conference* form and an envelope with sufficient postage, was provided to the court clerk, with the envelope addressed as follows (address of the other party's attorney or, if none, the party's last known address):

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

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

For Court Use Only	
<i>Request for Status or Family Centered Case Resolution Conference</i> mailed to the non-requesting party on (date): _____	
The above case has been set on the calendar in Department _____ on _____ at _____ A.M./P.M. at the Superior Court located in <input type="checkbox"/> San Luis Obispo <input type="checkbox"/> Paso Robles	
Requesting party notified on _____	SUSAN MATHERLY, Clerk of the Court By: _____ Deputy Clerk