

Attorney or Party without attorney (Name, state bar number, and address)	For Court Use Only
Telephone Number: Attorney For	
<b>Superior Court of California, County of San Bernardino</b> <input type="checkbox"/> San Bernardino District, 351 North Arrowhead Ave. San Bernardino, CA 92415 <input type="checkbox"/> Rancho Cucamonga District 8303 Haven Avenue, Rancho Cucamonga, CA 91730 <input type="checkbox"/> Victorville District, 14455 Civic Drive, Victorville, CA 92392 <input type="checkbox"/> Barstow District, 235 East Mountain View, Barstow, CA 92311 <input type="checkbox"/> Joshua Tree District, 6527 White Feather road, Joshua Tree, CA 92252 <input type="checkbox"/> Big Bear District, P. O. Box 2806, Big Bear Lake, CA 92315 <input type="checkbox"/> Needles District, 1111 Bailey Ave., Needles, CA 92363	
Petitioner	
Respondent	
<b>REQUEST TO SET FAMILY LAW          CASE MANAGEMENT CONFERENCE</b>	CASE NUMBER

A Case Management Conference was previously set and taken off calendar on \_\_\_\_\_. I request that a Case Management Conference be set.

1. Time estimated for trial \_\_\_\_\_ days. If the estimate of trial time is 2 hours or less, and all parties join in the estimate of trial time (silence will be deemed as joining), this case will be set for trial as a short cause matter.

2. Case entitled to preference?     Yes     No

3. Indicate party being represented:

Petitioner: \_\_\_\_\_  
 Attorney: \_\_\_\_\_  
 Firm: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Respondent: \_\_\_\_\_  
 Attorney: \_\_\_\_\_  
 Firm: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

I hereby represent to the Court that the above is true and correct.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Party/Attorney for Party

DECLARATION OF SERVICE

I served a copy of the Request to Set Family Law Case Management Conference.

Person Served: \_\_\_\_\_

Type of Service

Personal

I personally delivered copies to the person served as follows:

Date \_\_\_\_\_ Time \_\_\_\_\_

Address \_\_\_\_\_

Mail

I placed a true copy of this document in the United States mail, in a sealed envelope with postage fully prepaid as follows:

Date of Deposit \_\_\_\_\_

Place of Deposit (city and state) \_\_\_\_\_

Addressed as follows: (name and address)

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

I am over the age of 18 and not a party to this action. I am a resident of or employed in the county where the mailing occurred. My residence or business address is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct and that this declaration is executed on \_\_\_\_\_, at \_\_\_\_\_, California.  
(date) (city)

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Signature of Declarant