

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN MATEO

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  TELEPHONE NO.: _____ FAX NO.(Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<i>FOR COURT USE ONLY</i>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN MATEO</b>  <b>400 COUNTY CENTER</b> <b>REDWOOD CITY, CA 94063</b>	
PETITIONER: _____	
RESPONDENT: _____	
<b>MANDATORY SHORT CAUSE TRIAL STATEMENT</b>	CASE NUMBER _____

**1. MEET AND CONFER STATEMENT:**

DATE: \_\_\_\_\_

a. In person/By phone (specify): \_\_\_\_\_

TIME: \_\_\_\_\_

b. Issues settled are (be specific):

DEPT.: \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

c. Issues to be litigated are (be specific):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

d. If parties failed to meet and confer, explain reasons in detail:

**2. STATISTICAL DATA:**

a. Date of marriage: \_\_\_\_\_

b. Date of separation: \_\_\_\_\_

c. Length of marriage: \_\_\_\_\_

d. Marital status terminated? \_\_\_\_\_ If so, date terminated: \_\_\_\_\_

e. Petitioner's age ( ) and employment: \_\_\_\_\_

f. Petitioner's gross monthly income: \_\_\_\_\_ Net income: \_\_\_\_\_

g. Petitioner's paydays: \_\_\_\_\_

h. Cohabiter or new spouse's monthly income: \_\_\_\_\_ Net income: \_\_\_\_\_

i. Respondent's age ( ) and employment: \_\_\_\_\_

PETITIONER: RESPONDENT:	CASE NUMBER
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j. Respondent's gross monthly income: \_\_\_\_\_ Net income: \_\_\_\_\_

k. Respondent's paydays: \_\_\_\_\_

l. Minor children:

Name	Date of birth	Age	Sex	Residing with:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**3. HISTORY OF PROCEEDINGS** (briefly summarize all prior court proceedings):

**4.  PETITIONER'S OR  RESPONDENT'S PROPOSALS RE: ISSUES** (in same order as issues are listed in 1(c) above):

- a. Issue: \_\_\_\_\_
- b. Issue: \_\_\_\_\_
- c. Issue: \_\_\_\_\_

**5. ATTACHMENTS AND EXHIBITS** (where issues include the division of assets and debts, attach relevant schedules of the proposed division):  See Attachment 5.

Date:

\_\_\_\_\_  
 (TYPE OR PRINT NAME)

\_\_\_\_\_  
 (SIGNATURE)  
 Self-represented or  Attorney For:  
 Petitioner  Respondent