

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar number, and address</i> )  TELEPHONE NO.: _____ FAX NO. ( <i>Optional</i> ): _____ E-MAIL ADDRESS ( <i>Optional</i> ): _____ ATTORNEY FOR ( <i>Name</i> ): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY</b>  STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER: _____	
<p style="text-align: center;"><b>CASE MANAGEMENT CONFERENCE QUESTIONNAIRE</b></p> <input type="checkbox"/> <b>First Case Management Conference</b> <input type="checkbox"/> <b>Long Cause Motion</b> <input type="checkbox"/> <b>Trial</b>	CASE NUMBER: _____

1. Check all issues on which you and the other party disagree or need orders:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Custody/Visitation              | <input type="checkbox"/> Child Support             | <input type="checkbox"/> Spousal Support         |
| <input type="checkbox"/> Arrearages                      | <input type="checkbox"/> Property Valuation        | <input type="checkbox"/> Property Valuation Date |
| <input type="checkbox"/> Property Division               | <input type="checkbox"/> Property Characterization | <input type="checkbox"/> Separation Date         |
| <input type="checkbox"/> Reimbursement                   | <input type="checkbox"/> Attorney's Fees & Costs   | <input type="checkbox"/> Contempt                |
| <input type="checkbox"/> Other ( <i>specify</i> ): _____ |  |  |

2. Discovery is  not required     finished     not finished - Estimated completion date:

Discovery remaining to be completed (*specify*): \_\_\_\_\_

3. Mandatory Declaration of Disclosure (for Dissolution, Legal Separation, and Nullity cases only)

- a. Petitioner has served Respondent with  Preliminary     Final Declaration of Disclosure
- b. Respondent has served Petitioner with  Preliminary     Final Declaration of Disclosure
- c. Do you need a deadline  Yes     No

4.  Bifurcation of issues is requested on the following (*specify*): \_\_\_\_\_

5. Have parties or counsel met to discuss settlement:  No     Yes - How many times (*specify*): \_\_\_\_\_

6. Likelihood of settlement without court assistance (*specify %*): \_\_\_\_\_

7. Estimated time for trial (*specify hours or days*): \_\_\_\_\_

8.  Non-expert witnesses (*number*): \_\_\_\_\_ (*names*): \_\_\_\_\_

9.  Expert witnesses (*number*): \_\_\_\_\_ (*names*): \_\_\_\_\_

Date \_\_\_\_\_ : \_\_\_\_\_

ATTORNEY FOR     PETITIONER     RESPONDENT     OTHER