ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address)			FOR COURT USE ONLY
TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORN STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE:	FAX NO. (Optional):		
BRANCH NAME PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:			
OTHER:			
REQUEST FOR STATU	S CONFERENCE TO SET CAS	E FOR TRIAL	CASE NUMBER:
All parties have been served of the ser	or have appeared.		
2. Preliminary declaration of disc	closure was filed on:		
3. All necessary discovery is completed or will be completed within 60 days.			
4. The estimated time for trial (s _i	pecify hours or days):		
Date:	>		
		☐ ATTORNEY FOR ☐ PE	TITIONER RESPONDENT OTHER