Appendix A

Local Legal Forms List

Under California Rules of Court, rule 10.613, the court may adopt local forms to govern practice or procedure.

Local forms adopted for mandatory use bear the word “adopted” in the lower left corner of the first page of each form, and are identified as mandatory by an asterisk (*) on the list of local forms published in this appendix.

Optional local forms bear the word “approved” in the lower left corner of the first page. Use of an approved (optional) form is not mandatory but the form must be accepted in appropriate cases at court locations in the county that have a public counter for filing such documents (Local Rule 1.9).

The forms are available on the court’s website in PDF format.

APPENDIX A

LOCAL FORMS

Form No.	Year	Title	[Rev. July 1, 2015]
		ADOPTION	
ALA ADOPT-060	1/1/2009	Petition for Adoption of Adult or Married Minor	
ALA ADOPT-065	1/1/2009	Agreement of Adoption of Adult or Married Minor	
ALA ADOPT-070	1/1/2009	Consent of Spouse or Registered Domestic Partner to Adoption of Adult or Married Minor	
ALA ADOPT-075	1/1/2009	Order of Adoption of Adult or Married Minor	
		ALTERNATIVE DISPUTE RESOULTION (ADR)	
ALA ADR-001*	1/1/2010	Stipulation to Attend Alternative Dispute Resolution (ADR) and Delay Initial Case Management Conference for 90 Days	
ALA ADR-002*	7/1/2015	Stipulation To participate In Discovery Facilitation	
ALA ADR-003*	7/1/2015	Notice of Discovery Facilitator Selection Form	
		CIVIL LAW	
ALA CIV-100*	7/1/2015	Notice of Case Management Conference And Order	
		CRIMINAL LAW	
ALA CR-002*	1/1/2011	Misdemeanor Advisement of Rights, Waiver and Plea	
ALA CR-002A*	1/1/2011	Misdemeanor Plea Attachment: VC 14601 Penalties	
ALA CR-002B*	1/1/2011	Misdemeanor Plea Attachment: DUI Penalties	
ALA CR-002C*	1/1/2011	Misdemeanor Plea Attachment: VC 23103 / 23103.5	
ALA CRM-050*	1/2/2015	Petition for Resentencing – Response and Order (PC 1170.18) *For defendants currently serving sentences, including probation.*	
ALA CRM-051*	12/22/2014	Application for Reduction to Misdemeanor – Response and Order (PC 1170.18(f)) *For persons who have completed their sentences.*	
		FAMILY LAW	
ALA FL-002*	1/1/2008	Stipulation and Order Appointing Private Child Custody Recommending Mediator	

Form No.	Year	Title [Rev. July 1, 2015]
ALA-FL-002-ATTACHMENT*	1/1/2008	Consent to Serve and Certification of Private Child Custody Recommending Mediator
ALA FL-004	1/1/2008	Order Appointing Accounting Expert
ALA FL-006	1/1/2008	Order Appointing Real Estate Expert
ALA FL-008*	1/1/2009	Attachment to Order Appointing Child Custody Evaluator (FORM FL-327)
ALA FL-010	7/1/2014	Declaration Regarding Notice and Delivery of Request for Temporary Emergency Orders
ALA FL-015-INFO*	7/1/2014	Guidelines for Child Visitation Supervision
ALA FL-015*	1/1/2009	Agreement for Child Visitation Supervision
ALA FL-021	1/1/2013	Application and Order for Minor's Counsel Fees Over Cap
ALA FL-030*	1/1/2008	Summary of Contested and Resolved Issues
ALA FL-035*	7/1/2014	Application and Order for Continuance of Hearing, Status Conference, or Case Resolution Conference
ALA FL-037*	1/1/2013	Application and Order for Telephone Appearance
ALA FL-040	1/1/2013	Status Conference Questionnaire
ALA FL-041*	7/1/2014	Case Management Conference Questionnaire for Continued Family Law Status Conference or Family Centered Case Resolution Conference
ALA FL-045*	1/1/2012	Stipulation and Order for Voluntary Settlement Conference
ALA FL-050*	1/1/2012	Request for Case Resolution Conference
ALA FL-055*	1/1/2012	Joint Application and Order for Continuance of Settlement Conference, Long-Cause Hearing, or Trial

INTERPRETERS

ALA INT-001*	5/1/2015	Interpreter Request Form (Civil/Family)

JUVENILE

ALA JV-001*	1/1/2008	Application and Order to Change or Add a Juvenile Court Date
ALA JV-002*	1/1/2008	Recommendation, Certification, and Order for Medical, Surgical, Dental, or Other Remedial Care

ALA JV-003*	1/1/2008	Declaration and Application for Access to Juvenile Court Records
ALA JV-004*	1/1/2008	Family Court Stipulation and Order Dismissing Juvenile Court Case

* Adopted for mandatory use.

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address)* TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):*	***FOR COURT USE ONLY***
SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
IN THE MATTER OF THE PETITION OF: Prospective Adoptive Parent *(name each)*: Proposed Adoptee:	
☐ **PETITION FOR ADOPTION OF ADULT** ☐ **PETITION FOR ADOPTION OF MARRIED MINOR**	CASE NUMBER:

1. ☐ Each person adopting is an adult and older than the adoptee and
   ☐ A written agreement between the prospective adoptive parent(s) and the proposed adoptee was signed on , 20 , and a copy has been filed along with this petition.

2. Prospective Adoptive Parent *(name each separately if more than one)*

   Name:
   Address:
   Telephone Number:
   Date of Birth:

   Name:
   Address:
   Telephone Number:
   Date of Birth:

3. Proposed Adoptee
   Name:
   Address:
   Telephone Number:
   Date of Birth:

4. Date, city, and state of marriage or registered domestic partnership *(if applicable)*:
   ☐ Prospective adoptive parent(s):
   ☐ Proposed adoptee:

5. Full name of spouse or registered domestic partner of *(if applicable)*
   ☐ Prospective adoptive parent(s):
   ☐ Proposed adoptee:
   ☐ A consent has been filed for each spouse or registered domestic partner.

6. The prospective adoptive parent or such petitioner's spouse or registered domestic partner:
   a. ☐ Has *not* previously adopted an adult.
   b. ☐ Has previously adopted an adult.
      Name of adult adopted:
      Date and place of adoption: *and (check all that apply):*

      (1) ☐ The previous adoption occurred within one year of today's date
      (2) ☐ The previous adoptee is related to the prospective adoptive parent(s)
      (3) ☐ The proposed adoptee is a biological sibling of the previous adoptee
      (4) ☐ The proposed adoptee is disabled or physically handicapped.

NAME(S)	CASE NO.:

7. *(check a or b as appropriate)*
   a. ☐ The proposed adoptee is not an adult with developmental disabilities.
   b. ☐ The proposed adoptee is an adult with developmental disabilities and a prospective adoptive parent is a provider of, or the spouse or an employee of the provider of, board and care, treatment, habilitation, or other services to persons with developmental disabilities, *and*
   c. ☐ The prospective adoptive parent(s) will mail or personally serve notice of the hearing and a copy of this petition to the director of the regional center for the developmentally disabled, and to any living birth parents or adult children of the proposed adoptee, at least 30 days before the day of the hearing, *and will file proofs of service before the hearing date*

8. State the full names and place of residence of any living parents and adult children of the proposed adoptee:

9. State how the prospective adoptive parent(s) and the proposed adoptee are related to each other, if they are related *(e.g., grandparent and grandchild, aunt and nephew)*:

10. State the length and nature of the relationship between the prospective adoptive parent(s) and the proposed adoptee *(attach additional pages if necessary)*:

11. State why this adoption is requested *(attach additional pages if necessary)*:
    ☐ Petitioners seek to establish a legal relationship that already exists in fact and it is in their best interests that the prospective adoptive parent(s) and the proposed adoptee have between them the legal rights and obligations of parent and child, including rights relating to inheritance and duties of support.
    ☐ Other:

12. This adoption is in the best interests of the proposed adoptee, the adopting parents and the public because It will create legal duties of support between the prospective adoptive parent(s) and proposed adoptee and will thereby reduce the likelihood of any petitioner becoming a public charge in the future.
    ☐ Other (*specify*) (*attach additional pages if necessary*):

13. The undersigned parties do hereby agree to assume toward each other the legal relationship of parent and child and to have all the rights and be subject to all of the duties and responsibilities of that relationship, including the right of inheritance and the duty of support.

14. The parties request the court to grant the petition for adoption, approve the agreement of adoption, and issue the order that the proposed adoptee has been duly and legally adopted by the prospective adoptive parent(s) and that the name of the adoptee
    ☐ Will be changed on the birth certificate to (*specify*):
    ☐ Will continue to be (*specify*):

NAME(S)	CASE NO.:

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

Date:

PRINT OR TYPE NAME

SIGNATURE OF PETITIONER PROSPECTIVE ADOPTIVE PARENT

Date:

PRINT OR TYPE NAME

SIGNATURE OF PETITIONER PROSPECTIVE ADOPTIVE PARENT

Date:

PRINT OR TYPE NAME

SIGNATURE OF PETITIONER PROPOSED ADOPTEE

Date:

PRINT OR TYPE NAME

SIGNATURE OF ATTORNEY FOR PETITIONERS

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address)* TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):*	***FOR COURT USE ONLY***
SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME	
IN THE MATTER OF THE PETITION OF: Prospective Adoptive Parent *(name each)*: Proposed Adoptee:	
AGREEMENT OF ADOPTION OF ADULT OR MARRIED MINOR	CASE NUMBER:

The prospective adoptive parent(s) *(name each if more than one)*

and the proposed adoptee have entered into the following agreement.

1. a. Whereas prospective adoptive parent , age , born in *(city, state, or country):*

   on *(month, date, year):* , residing at *(address)* :

   desires to adopt *(name of proposed adoptee):* .

   b. Whereas prospective adoptive parent , age , born in *(city, state, or country):*

   on *(month, date, year):* , residing at *(address):*

   desires to adopt *(name of proposed adoptee):* .

2. Whereas proposed adoptee , age , born in *(city, state)*:

   on *(month, date, year):* , residing at *(address):* , desires to be

   adopted by *(name of prospective adoptive parent(s)):*

The parties agree to assume toward each other the legal relationship of parent and child, and to have all of the rights and be subject to all of the duties and responsibilities of that relationship. The parties agree to file a joint petition in the Superior Court of California, County of Alameda, praying for approval of this agreement of adoption by issuance of an order that the proposed adoptee is the child of the prospective adoptive parent(s) ☐ and shall take the birth name of
☐ and that proposed adoptee may continue to use the current name of .

Date:

_____ ▶ _____
PRINT OR TYPE NAME SIGNATURE OF PROSPECTIVE ADOPTIVE PARENT

Date:

_____ ▶ _____
PRINT OR TYPE NAME SIGNATURE OF PROSPECTIVE ADOPTIVE PARENT

Date:

_____ ▶ _____
PRINT OR TYPE NAME SIGNATURE OF PROPOSED ADOPTEE

Form Approved for Optional Use
Superior Court of California,
County of Alameda
ALA FL-065 [New January 1, 2009]

Fam C §§ 9300-9307; 9320-9328

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address)* TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):*	***FOR COURT USE ONLY***
SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME	
IN THE MATTER OF THE PETITION OF: Prospective Adoptive Parent *(name each)*: Proposed Adoptee:	
CONSENT OF SPOUSE OR REGISTERED DOMESTIC PARTNER TO ADOPTION OF ADULT OR MARRIED MINOR	CASE NUMBER:

1. My name is .
2. I am the ☐ spouse ☐ registered domestic partner of petitioner , who is

   ☐ a person seeking to adopt ☐ the person being adopted.
3. I do hereby fully and freely consent to the adoption *(complete either a or b)*

   a. of my ☐ spouse ☐ registered domestic partner.

   b. by my ☐ spouse ☐ registered domestic partner.
4. (*If applicable)* ☐ I am the biological parent of the person being adopted, and I give my consent to my child's adoption without relinquishing any of my rights, duties, and responsibilities as a parent.

Date:

_____ ▶ _____

PRINT OR TYPE NAME SIGNATURE OF SPOUSE OR REGISTERED DOMESTIC PARTNER

Form Approved for Optional Use
Superior Court of California,
County of Alameda
ALA FL-070 [New January 1, 2009]

Fam C §§ 9300-9307; 9320-9328

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address)* TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):*	***FOR COURT USE ONLY***
SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME	
IN THE MATTER OF THE PETITION OF: Prospective Adoptive Parent *(name each)*: Proposed Adoptee:	
CONSENT OF SPOUSE OR REGISTERED DOMESTIC PARTNER TO ADOPTION OF ADULT OR MARRIED MINOR	CASE NUMBER:

1. My name is .
2. I am the ☐ spouse ☐ registered domestic partner of petitioner , who is

   ☐ a person seeking to adopt ☐ the person being adopted.
3. I do hereby fully and freely consent to the adoption *(complete either a or b)*

   a. of my ☐ spouse ☐ registered domestic partner.

   b. by my ☐ spouse ☐ registered domestic partner.
4. (*If applicable)* ☐ I am the biological parent of the person being adopted, and I give my consent to my child's adoption without relinquishing any of my rights, duties, and responsibilities as a parent.

Date:

_____ ▶ _____

PRINT OR TYPE NAME SIGNATURE OF SPOUSE OR REGISTERED DOMESTIC PARTNER

Form Approved for Optional Use
Superior Court of California,
County of Alameda
ALA FL-070 [New January 1, 2009]

Fam C §§ 9300-9307; 9320-9328

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address)* TELEPHONE NO.: FAX NO. *(Optional)*: E-MAIL ADDRESS *(Optional)*: ATTORNEY FOR *(Name)*:	***FOR COURT USE ONLY***
SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME	
IN THE MATTER OF THE PETITION OF: Prospective Adoptive Parent *(name each)*: Proposed Adoptee:	
☐ **ORDER OF ADOPTION OF ADULT** ☐ **ORDER OF ADOPTION OF MARRIED MINOR**	CASE NUMBER:

1. a. Date of Hearing: Dept:
   b. Judicial Officer:
   c. Present: ☐ Prospective adoptive parent(s) ☐ Attorney for prospective adoptive parent(s)
   ☐ Proposed adoptee ☐ Attorney for proposed adoptee
   ☐ Spouse or domestic partner of prospective adoptive parent(s) (*print name of spouse or domestic partner*):

   ☐ Spouse or domestic partner of proposed adoptee (*print name of spouse or domestic partner*):

   ☐ Other *(specify)*:

2. Date and place of proposed adoptee's birth *(specify)*:

3. The prospective adoptive parent(s) is or are: ☐ married or in a registered domestic partnership ☐ single
   The proposed adoptee is: ☐ married or in a registered domestic partnership ☐ single

4. The prospective adoptive parent(s) is or are a resident of *(name of county)*:
   The proposed adoptee is a resident of *(name of county)*:

5. The prospective adoptive parent(s) and the proposed adoptee were examined.

THE COURT FINDS AND ORDERS THAT

6. All allegations in the petition are true.
7. The prospective parent(s) is or are older than the proposed adoptee.
8. The adoption will serve the best interests of the prospective parent(s), the proposed adoptee, and the public.
9. All consents required by law have been filed with the court.
10. All legal requirements have been met.
11. The court approves the agreement of adoption.
12. The petition for adoption is granted.
13. The adoptive parent(s) and adoptee shall hereafter sustain toward each other the legal relationship of parent and child subject to all the rights and duties of that relationship, including all legal rights and duties of custody, support, and inheritance ☐ and the name on the adoptee's birth certificate shall be changed from to .

Date: _____ _____

JUDICIAL OFFICER

Form Approved for Optional Use
Superior Court of California,
County of Alameda
ALA FL-075 [New January 1, 2009]

Fam C §§ 9300-9307; 9320-9328

ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, State Bar number, and address*) TELEPHONE NO.: FAX NO. *(Optional)*: E-MAIL ADDRESS (*Optional*): ATTORNEY FOR *(Name)*:	***FOR COURT USE ONLY***
SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
STIPULATION TO ATTEND ALTERNATIVE DISPUTE RESOLUTION (ADR) AND DELAY INITIAL CASE MANAGEMENT CONFERENCE FOR 90 DAYS	CASE NUMBER:

INSTRUCTIONS: All applicable boxes must be checked, and the specified information must be provided.

This stipulation is effective when:

- All parties have signed and filed this stipulation with the Case Management Conference Statement at least 15 days before the initial case management conference.
- A copy of this stipulation has been received by the ADR Program Administrator, 1225 Fallon Street, Oakland, CA 94612.

1. Date complaint filed: _____. An **Initial Case Management Conference** is scheduled for:

   Date: Time: Department:

2. Counsel and all parties certify they have met and conferred and have selected the following ADR process (*check one*):

   ☐ Court mediation ☐ Judicial arbitration
   ☐ Private mediation ☐ Private arbitration

3. All parties agree to complete ADR within 90 days and certify that:

   a. No party to the case has requested a complex civil litigation determination hearing;
   b. All parties have been served and intend to submit to the jurisdiction of the court;
   c. All parties have agreed to a specific plan for sufficient discovery to make the ADR process meaningful;
   d. Copies of this stipulation and self-addressed stamped envelopes are provided for returning endorsed filed stamped copies to counsel and all parties;
   e. Case management statements are submitted with this stipulation;
   f. All parties will attend ADR conferences; and,
   g. The court will not allow more than 90 days to complete ADR.

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

Date:

_____ ▶ _____

(TYPE OR PRINT NAME) (SIGNATURE OF PLAINTIFF)

Date:

_____ ▶ _____

(TYPE OR PRINT NAME) (SIGNATURE OF ATTORNEY FOR PLAINTIFF)

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER.:

Date:

_____ ▶ _____

(TYPE OR PRINT NAME) (SIGNATURE OF DEFENDANT)

Date:

_____ ▶ _____

(TYPE OR PRINT NAME) (SIGNATURE OF ATTORNEY FOR DEFENDANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, State Bar number, and address*) TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS*:* ATTORNEY FOR *(Name):*	***FOR COURT USE ONLY***
SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF or PETITIONER: DEFENDANT or RESPONDENT:	
STIPULATION TO PARTICIPATE IN DISCOVERY FACILITATION	CASE NUMBER:

INSTRUCTIONS: All applicable boxes must be completed, and the specified information must be provided. E-mail the completed and signed form to the Alternative Dispute Resolution ("ADR") program at the following address: ***adrprogram@alameda.courts.ca.gov***

Has a discovery motion been filed?

□ Yes, please provide:

Motion's short title: Date of filing:

Name of attorney (or party without attorney) who filed a discovery motion:

Phone: Email: Address:

Name of attorney (or party without attorney) opposing a discovery motion:

Phone: Email: Address:

□ No, please provide:

Name of attorney (or party without attorney) requesting discovery:

Phone: Email: Address:Name of attorney (or party without attorney) opposing discovery:

Phone: Email: Address:

If the motion has not yet been filed, use this box or an attachment to provide a concise description of the dispute:

Form Approved for Mandatory Use
Superior Court of California, County of Alameda ALA
ADR-002 [New July 1, 2015]

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:

1. Prior to the discovery cut-off in this action, the parties entering into this stipulation agree to resolve this discovery dispute informally, reasonably, and in good faith, by participating in a discovery facilitation conference under the terms of this stipulation, either before filing a motion under the Discovery Act, or before the scheduled hearing date of any discovery motion.

2. At the discovery facilitation conference, the facilitator will work with the parties to facilitate an informal resolution.

3. All parties to the discovery facilitation conference must:

   a. Work in good faith with the facilitator to schedule the conference at a mutually agreeable time and place. If any party has already filed a discovery motion in this dispute, the parties to this agreement must hold their discovery facilitation conference no closer than 15 calendar days before the scheduled law and motion hearing on this discovery dispute; and,

   b. Comply with the facilitator's requests for any necessary briefing before the discovery facilitation conference, providing a courtesy copy to the opposing party or parties. The facilitator may determine the briefing schedule and set the length and format of briefing materials to be submitted.

      i. Service via e-mail is preferred, but both parties may use any agreed-upon method of service that ensures the responding party has adequate time to respond, and the facilitator has adequate time to review the briefing materials and prepare before the discovery facilitation conference.

      ii. The moving party's pre-conference briefing must include a short summary of the dispute and specify the relief requested.

      iii. The responding party must serve both the facilitator and the moving party with a short summary of why the requested relief should be denied.

      iv. If privilege is the basis for objection to requested discovery, the party who claims the privilege must bring privilege logs to the facilitation conference and, if possible, provide a copy to the facilitator and to the opposing party before the conference.

      v. Beyond the brief summaries and privilege logs described above, the facilitator is not required to preview any additional exhibits, declarations, or attachments before the facilitation conference. Bringing such documents to the facilitation conference itself may delay resolution of the dispute. The court strongly discourages unnecessary document review during the facilitation conference.

4. Counsel must abide by the California Attorney Guidelines of Civility and Professionalism, particularly with regard to discovery.

5. Nothing herein precludes any party from making any application to the court for appropriate relief, including an ex parte order shortening the time for the Court to hear a motion.

Form Approved for Mandatory Use
Superior Court of California, County of Alameda
ALA ADR-002 [New July 1, 2015]

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:

Participating in discovery facilitation will not automatically extend the deadline to file a motion to compel further discovery response as specified in the California Code of Civil Procedure. If the parties wish to extend the time to file a discovery motion, they may use this stipulation (see below) to toll the deadline until a specific later date to which the party seeking discovery and the party responding to discovery have agreed in writing, pursuant to the California Code of the Civil Procedure.

□ All parties agree to extend the deadline to file a motion to compel further responses to discovery requests until the following date:

The following parties so stipulate:

Date: ▶

_____ _____

(TYPE OR PRINT NAME) (SIGNATURE OF PARTY OR ATTORNEY)

Date: ▶

_____ _____

(TYPE OR PRINT NAME) (SIGNATURE OF PARTY OR ATTORNEY)

Date: ▶

_____ _____

(TYPE OR PRINT NAME) (SIGNATURE OF PARTY OR ATTORNEY)

Date: ▶

_____ _____

(TYPE OR PRINT NAME) (SIGNATURE OF PARTY OR ATTORNEY

Form Approved for Mandatory Use
Superior Court of California, County of Alameda
ALA ADR-002 [New July 1, 2015]

ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, State Bar number, and address*) TELEPHONE NO.: FAX NO. (*Optional*): E-MAIL ADDRESS: ATTORNEY FOR (*Name*):	***FOR COURT USE ONLY***
SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME	
PLAINTIFF or PETITIONER: DEFENDANT or RESPONDENT:	
NOTICE OF DISCOVERY FACILITATOR SELECTION FORM	CASE NUMBER:

INSTRUCTIONS: Prior to filing this notice, one of the parties or their attorney must contact a discovery facilitator to verify that the facilitator has no conflicts and agrees to facilitate the matter by the discovery facilitation deadline. Parties or their attorneys must identify the case to the facilitator as a Superior Court of California, County of Alameda, Discovery Facilitation Program referral in order to qualify for program rates. All applicable boxes must be completed, and the specified information must be provided.

E-mail completed and signed form to the Alternative Dispute Resolution program at the following address: ***adrprogram@alameda.courts.ca.gov***

Name of discovery facilitator selected:

E-mail address of discovery facilitator selected:

Parties or attorneys state that:

a. They have contacted the above-mentioned discovery facilitator;

b. They have identified the matter to the facilitator as a Superior Court of California, County of Alameda, Discovery Facilitation Program referral; and

c. The facilitator has agreed to accept the case, serve according to the rules of the court's Discovery Facilitation Program, and complete the facilitation before_____(the completion deadline).

I,_____, certify that all counsel and parties to this matter have complied with the above-listed instructions and agree with the selection of this facilitator.

Date:

▶

_____ _____

(TYPE OR PRINT NAME) (SIGNATURE)

Superior Court of California, County of Alameda

Plaintiff or Petitioner **VS.** **Defendant or Respondent**	Case No. **NOTICE OF CASE MANAGEMENT CONFERENCE AND ORDER** Unlimited Jurisdiction

TO ALL PARTIES AND TO THEIR ATTORNEYS OF RECORD: Notice is given that a Case Management Conference has been scheduled as follows:

Date: **Time:**	**Department:** **Location:** **Internet: www.alameda.courts.ca.gov**	**Judge:** **Clerk:** **Clerk telephone:** **E-mail:** **Fax:**

ORDERS

1. **Plaintiff** must:

    a. **Serve** all named defendants and file proofs of service on those defendants with the court within 60 days of the filing of the complaint (Cal. Rules of Court, rule 3.110(b)); and

    b. **Give notice** of this conference to all other parties and file proof of service.

2. **Defendant must** respond as stated on the summons.

3. **All parties who have appeared before the date of the conference** must:

    a. **Meet and confer**, in person or by telephone as required by Cal. Rules of Court, rule 3.724;

    b. **File and serve** a completed *Case Management Conference Statement* on form CM 110 at least **15** days before the Case Management Conference (Cal. Rules of Court, rule 3.725.); and

    c. **Post jury fees** as required by Code of Civil Procedure section 631.

4. If you do not follow the orders above, the court may issue an order to show cause why you should not be sanctioned under Cal. Rules of Court, rule 2.30. Sanctions may include monetary sanctions, striking pleadings or dismissal of the action.

5. You are further ordered to appear in person or through your attorney of record at the Case Management Conference noticed above. You must be thoroughly familiar with the case and fully authorized to proceed. You may be able to appear at Case Management Conferences by telephone. Contact CourtCall, an independent vendor, at least three business days before the scheduled conference. Call 1-888-882-6878, or fax a service request to (888)882-2946. The vendor charges for this service.

6. You may file *Case Management Conference Statements* by E-Delivery. Submit them directly to the E-Delivery Fax Number (510) 267-5732. No fee is charged for this service. For further information, go to *www.alameda.courts.ca.gov/ff.*

7. The judge may place a *Tentative Case Management Order* in your case's on-line register of actions before the conference. This order may establish a discovery schedule, set a trial date or refer the case to Alternate Dispute Resolution, such as mediation or arbitration. Check the website of each assigned department for procedures regarding tentative case management orders at *www.alameda.courts.ca.gov/dc.*

CLERK'S CERTIFICATE OF MAILING

I certify that the following is true and correct: I am the clerk of the above-named court and not a party to this cause. I served this Notice of Hearing by placing copies in envelopes addressed as shown hereon and then by sealing and placing them for collection, stamping or metering with prepaid postage, and mailing on the date stated below, in the United States mail at Alameda County, California, following standard court practices.

Leah T. Wilson Executive Officer
Clerk of the Superior Court
Executed on _____

By _____
Deputy Clerk

SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF ALAMEDA

PEOPLE v. _____ CASE NO.:_____

MISDEMEANOR ADVISEMENT OF RIGHTS, WAIVER AND PLEA FORM

INSTRUCTIONS: Fill out this form if you wish to plead guilty or no contest to the charge(s) against you. **Initial each item** in the boxes to the right if you fully understand and agree with the corresponding statement. If you have any questions about the rights you are giving up or the possible consequences of a conviction, ask your attorney or the judge.

CONSTITUTIONAL RIGHTS AND WAIVERS

1. **Right to an attorney:** I understand I have the right to be represented by an attorney throughout the proceedings. If I cannot afford to hire an attorney, the court will appoint one to represent me at public expense. I understand that there are dangers and disadvantages to giving up my right to an attorney, and that it is almost always unwise to represent myself. [1]

   1a. I give up my right to an attorney, and I choose to represent myself. (*Does not apply if you have an attorney.*) [1a]

2. **Right to a jury trial:** I understand I have the right to a speedy, public jury trial. At the trial, I would be presumed innocent, and could not be convicted unless 12 impartial jurors were convinced of my guilt beyond a reasonable doubt. [2]

   2a. I give up the right to a jury trial. [2a]

3. **Right to confront witnesses:** I understand I have the right to confront and cross-examine all witnesses testifying against me. [3]

   3a. I give up the right to confront and cross-examine witnesses. [3a]

4. **Right against self-incrimination:** I understand I have the right to remain silent and not incriminate myself, but that by pleading guilty or no contest, or admitting prior convictions or probation violations, I am incriminating myself. [4]

   4a. I give up the right against self-incrimination. [4a]

5. **Right to produce evidence:** I understand I have the right to present evidence in my own defense at trial, and to have the court issue subpoenas to bring into court witnesses and evidence favorable to me. [5]

   5a. I give up the right to present evidence in my own defense. [5a]

6. (*If applicable*) I give up my right to be sentenced and treated pursuant to Proposition 36. [6]

7. **Right to appeal:** I give up my right to appeal from this conviction, including an appeal from the denial of any pretrial motions. [7]

8. **Prior convictions, enhancements and probation violations:** (*If applicable*) I understand I have all the rights listed above for all the charges against me, including any charged prior convictions and probation violations. However, for a charge of violating probation, I do not have the right to a jury trial, although I do have the right to a hearing before a judge. [8]

PLEA

9. I understand I am pleading guilty or no contest and admitting the following offenses, prior convictions, and special punishment allegations, with the maximum punishment indicated below. Accordingly, I plead ☐ guilty ☐ no contest to these charges and allegations. (*Use page 3 if more space is needed*) 9

Count	Charge	Priors/Allegations	Maximum Sentence – Jail/ Fines

10. I understand I am also charged with violating my probation in Case No.(s): _____ and I freely and voluntarily admit the probation violation(s). (*Use page 3 if more space is needed*) 10

CONSEQUENCES OF PLEA

11. I understand I will receive the following sentence: (*Use page 3 if more space is needed*) 11
Probation: _____
County Jail: _____
Fines: _____
Restitution: _____
Counseling, Classes, and Programs: _____
Protective Orders: _____
Volunteer Work: _____
Driver's License Restriction, Suspension, or Revocation: _____
Driving Under the Influence Program: _____
Other Consequences: _____
No other promises have been made to me.

12. I understand if I am not a citizen of the United States, this conviction may result in deportation, exclusion from admission to the United States, or denial of naturalization as a United States citizen. 12

13. I understand a plea entered in this case may be grounds for revocation of probation or parole which has been previously imposed on me in any other case(s). 13

14. I understand the conviction resulting from this plea can be used to increase future charges and sentences. 14

15. (*If applicable*) I understand Penal Code section 12021(c)(1) provides that I may not own or possess firearms for 10 years. If I now own or possess a firearm**,** I must transfer or dispose of that firearm within 30 days, and file the attached FD**-**110 form with the court. Failure to comply with this section may result in either a fine not exceeding $1,000, or imprisonment in the county jail or state prison, or both. 15

16. I have discussed the charge(s), facts, and possible defenses with my attorney. 16

17. There is a factual basis for the plea(s) in this case. 17

18. I understand I have the right to be sentenced not less than 6 hours nor more than 5 days after my plea. I give up this right and agree to be sentenced at this time. 18

19. I understand I have the right to enter my plea before and to be sentenced by a judge. I give up this right and agree to enter my plea before and be sentenced by the following commissioner or temporary judge: 19

_____

ADDITIONAL PAGE

9. (*Continued from page 2*)

Count	Charge	Priors/Allegations	Maximum Sentence – Jail/ Fines

I HAVE PERSONALLY INITIALED EACH OF THE FOREGOING BOXES AND UNDERSTAND EACH AND EVERY ONE OF THE RIGHTS AND CONSEQUENCES

My true and correct name is: (*please print*) _____

Date: _____ ▶ _____
(SIGNATURE OF DEFENDANT)

WAIVER AND PLEA IN MY ABSENCE *(IF APPLICABLE)*

1. I specifically waive my right to personally enter my plea. I waive my right to be personally present when sentence is imposed. I waive my right to personally address the court in mitigation of any sentence which might be imposed.

2. I hereby authorize and direct my attorney, _____, to enter a plea of ☐ guilty ☐ no contest in my absence. My attorney is further authorized and directed to waive time for sentencing, and to receive the sentence, including probation, on my behalf and in my absence.

Date: _____ ▶ _____
(SIGNATURE OF DEFENDANT)

ATTORNEY'S STATEMENT

I am the attorney of record for the defendant. I have gone over this form with my client, explained his or her rights, and answered all of my client's questions regarding this plea. I have discussed the facts of this case with my client, including the elements of the offense(s) charged and any possible defenses and consequences of a plea of guilty or no contest, including immigration consequences if applicable. I concur in my client's decision to waive his or her rights and enter this plea, and believe that my client is doing so knowingly, intelligently, and voluntarily.

Date: _____ ▶ _____
(SIGNATURE OF ATTORNEY)

INTERPRETER'S STATEMENT *(IF APPLICABLE)*

I, _____, having been duly sworn or having a written oath on file, certify that I truly translated this form (*check if applicable*) ☐ and all other attachments, to the defendant in the language noted below. The defendant stated that he or she understood the contents on the form(s) and then initialed and signed the form(s).
Language: ☐ Spanish ☐ Other (*specify*):_____

Date:_____ ▶ _____
(SIGNATURE OF INTERPRETER)

COURT'S FINDINGS AND ORDER

The court, having reviewed this form and any attachment, and having questioned the defendant concerning the defendant's constitutional rights and admission of prior conviction(s), enhancements and probation violation(s), if any, finds that the defendant has expressly, knowingly and intelligently waived his or her constitutional rights. The court finds that the defendant's plea(s) and admission(s) are freely and voluntarily made with an understanding of the nature and consequences thereof, and that there is a factual basis for the plea(s). The court accepts the defendant's plea(s), the defendant's admission of the prior conviction(s), enhancements and probation violation(s), if any, and orders them entered in the record and this form filed in the case noted above.

Date: _____ ▶ _____
(SIGNATURE OF:) ☐ Judge of the Superior Court
☐ Commissioner
☐ Temporary Judge

SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF ALAMEDA

MISDEMEANOR PLEA ATTACHMENT: VC 14601 PENALTIES

PEOPLE v. _____ CASE NO.:_____

INSTRUCTIONS: Read this form if you are pleading guilty or no contest to charges of driving with a suspended, revoked or restricted license. Sign the form only if you fully understand it. If you have any questions about this form, ask your lawyer or the judge. Submit this form with the **Misdemeanor Advisement of Rights, Waiver and Plea** form.

SENTENCES FOR DRIVING IN VIOLATION OF A LICENSE SUSPENSION, REVOCATION OR RESTRICTION		
Vehicle Code Section	**First Offense**	**Second or Subsequent Offense; Prior Convictions Within 5 Years of Sections 14601, 14601.1, 14601.2 or 14601.5**
14601	Jail: 5 days to 6 months. Fine: $300 to $1,000 plus penalty assessments.	Jail: 10 days to 12 months; 10 days jail mandatory with probation. Fine: $500 to $2,000 plus penalty assessments.
14601.1	Jail: Maximum 6 months. Fine: $300 to $1,000 plus penalty assessments.	Jail: 5 days to 12 months. Fine: $500 to $2,000 plus penalty assessments.
14601.2	Jail: 10 days to 6 months; 10 days jail mandatory with probation. Fine: $300 to $1,000 plus penalty assessments. Ignition Interlock Device required.	Jail: 30 days to 12 months; 30 days jail mandatory with probation. Fine: $500 to $2,000 plus penalty assessments. Ignition Interlock Device required.
14601.2 as Habitual Traffic Offender	If I have been designated as a habitual traffic offender within three (3) years of this conviction, I will be sentenced to serve an **additional 180 days jail** and pay an **additional $2,000 fine** plus penalty assessments. [VC 14601.3 (e)(3)]	
14601.5	Jail: Maximum 6 months. Fine: $300 to $1,000 plus penalty assessments.	Jail: 10 days to 12 months; 10 days jail mandatory with probation. Fine: $500 to $2,000 plus penalty assessments. **Note:** Vehicle Code section 14601.3 also constitutes a prior conviction for this offense.
Section	**First Offense**	**Second or Subsequent Offense; Prior Convictions Within 7 Years of Section 14601.3**
14601.3	Jail: 30 days. Fine: $1,000 plus penalty assessments.	Jail: 180 days. Fine: $2,000 plus penalty assessments.
SENTENCE FOR DRIVING WITHOUT A VALID LICENSE [VEHICLE CODE SECTION 12500(a)		
Jail: Maximum 6 months. Fine: Maximum $1,000 plus penalty assessments.		

MISDEMEANOR PLEA ATTACHMENT: VC 14601 PENALTIES

1. **Impound:** I understand that if I am the registered owner of the vehicle used in this offense, the court may impound the vehicle at my own expense for up to 180 days on my first conviction, and up to 12 months for a subsequent conviction. (VC 14602.5, 23592)

2. **Ignition Interlock:** I understand that if I am convicted of violating Vehicle Code section 14601.2 or sections 14601, 14601.1 or 14601.5 as a lesser offense to a charge of section 14601.2, the court must order that I install an ignition interlock device on any vehicle I own or operate for up to 3 years, that such a device will prevent the vehicle from starting if I have alcohol in my body, and that I am responsible for the expense of properly maintaining that device. I also understand that installation of this device does not authorize me to drive without a valid license. (VC 23575)

3. **DMV Actions Separate:** I understand that the DMV may restrict, suspend, or revoke my license, require completion of a drinking driver program and the installation of an ignition interlock device as a result of my arrest or conviction. I understand that these actions are additional to and separate from actions taken by the court.

4. **Vehicle Sale:** I understand that, if I am the registered owner of the vehicle that I drove in committing this offense, the court may declare the vehicle to be a nuisance and order that it be sold if I have been previously convicted of violating Vehicle Code sections 12500(a), 14601, 14601.1, 14601.2, 14601.3, 14601.4 or 14601.5. (VC 14607.6)

I have read and I understand all of the information on these two pages.

Date: _____ ▶ _____

(SIGNATURE OF DEFENDANT)

SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF ALAMEDA

MISDEMEANOR PLEA ATTACHMENT: DUI PENALTIES

PEOPLE v.: _____CASE NO.:_____

INSTRUCTIONS: Read this form if you are pleading guilty or no contest to charges of driving under the influence. Sign the form only if you fully understand it. If you have any questions about this form, ask your lawyer or the judge. Submit this form with the **Misdemeanor Advisement of Rights, Waiver and Plea** form.

BASIC CONSEQUENCES FOR CONVICTION OF VEHICLE CODE SECTION 23152 (a) and (b)		
Offense	**Sentence With No Probation**	**Sentence With 3 to 5 Years Probation**
First DUI Offense within 10 years	Jail: 96 hours to 6 months. Fine: $390 to $1,000 plus penalty assessments. DMV suspends license 6-10 months; surrender license to court.	Jail: 48 hours (optional) to 6 months. Fine: $390 to $1,000 plus penalty assessments. Probation revocation fine ($100 to $1,000) suspended. Mandatory completion of alcohol/drug program for minimum 3 or 9 months. DMV suspends license 6-10 months; surrender license to court.
Second DUI Offense within 10 years	Jail: 90 days to 12 months. Fine: $390 to $1,000 plus penalty assessments. DMV suspends license 24 months; surrender license to court.	Jail: Either 96 hours (in minimum 48-hour blocks) or 10 days to 12 months jail. Fine: $390 to $1,000 plus penalty assessments. Probation revocation fine ($100 to $1,000) suspended. Mandatory completion of alcohol/drug program for minimum 18 to 30 months. DMV suspends license 24 months; surrender license to court.
Third DUI Offense within 10 years	Jail: 120 days to 12 months. Fine: $390 to $1,000 plus penalty assessments. DMV revokes license 36 months; surrender license to court. Declared a habitual traffic offender for 36 months.	Jail: 120 days to 12 months. Fine: $390 to $1,000 plus penalty assessments. Probation revocation fine ($100 to $1,000) suspended. DMV revokes license 36 months; surrender license to court. Declared a habitual traffic offender for 36 months. Mandatory completion of alcohol/drug program for minimum 18 to 30 months (if not already completed).
Fourth DUI Offense within 10 years	Prison (16, 24 or 36 months) or jail (6-12 months). Fine: $390 to $1,000 plus penalty assessments. DMV revokes license 48 months; surrender license to Court. Declared a habitual traffic offender for 36 months.	Jail: 6-12 months. Fine: $390 to $1,000 plus penalty assessments. Probation Revocation fine ($100 to $1,000) suspended. DMV revokes license 48 months; surrender license to Court. Optional alcohol/drug program for minimum 18 or 30 months with jail term of 30 days to 12 months. Declared a habitual traffic offender for 36 months.
BASIC CONSEQUENCES FOR CONVICTION OF VEHICLE CODE SECTION 23153 (a) and (b)		
Offense	**Sentence With No Probation**	**Sentence With 3 to 5 Years Probation**
First Offense within 10 years	Jail: 90 days to 12 months. Fine: $390 to $1,000 plus penalty assessments. DMV suspends license 12 months; surrender license to court.	Jail: 5 days to 12 months. Fine: $390 to $1,000 plus penalty assessments. Probation revocation fine ($100 to $1,000) suspended. Mandatory completion of minimum 3-9 month alcohol/drug program. DMV suspends license 12 months; surrender license to Court.
Second DUI Offense within 10 years	Prison (16, 24 or 36 months) or jail (120 days to 12 months). Fine: $390 to $5,000 plus penalty assessments. DMV revokes license 36 months; surrender license to court.	Option A: Same jail term and fine as no probation, plus Probation revocation fine ($100 to $1,000) suspended. Option B: Jail: 30 days to 12 months. Fine: $390 to $1,000 plus penalty assessments. Probation revocation fine ($100 to $1,000) suspended. Mandatory completion of alcohol/drug program for minimum 18 to 30 months. DMV revokes license 36 months; surrender license to court.

MISDEMEANOR PLEA ADDENDUM: DUI PENALTIES

1. **Commercial Licenses:** I understand that special provisions of the Vehicle Code apply if I held a commercial driver's license when the offense was committed.

2. **Impound:** I understand that if I am the registered owner of the vehicle used in this offense, the court may impound the vehicle at my own expense for up to 30 days on my first conviction; unless good cause is otherwise shown, I understand that the court must impound the vehicle at my own expense for up to 30 days if this is my second offense within 5 years, and must impound the vehicle for up to 90 days at my own expense if this is my third offense within 5 years. (VC 23592)

3. **Vehicle Sale:** I understand that the court may declare the vehicle I drove in committing this offense to be a nuisance and order that it be sold if I committed any of the following violations: Penal Code sections 191.5 or 192(c)(3); Vehicle Code section 23152 that occurred within 7 years of two or more separate offenses of Vehicle Code sections 23152 or 23153 or Penal Code sections 191.5 or 192(c)(3); Vehicle Code section 23153 that occurred within 7 years of one or more separate offenses of Vehicle Code sections 23152 or 23153 or Penal Code sections 191.5 or 192(c)(3). (VC 23596)

4. **Ignition Interlock:** I understand that the DMV will require that I install an ignition interlock device on any vehicle I own or operate for up to 4 years, that such a device will prevent the vehicle from starting if I have alcohol in my body, and that I am responsible for the expense of properly maintaining that device. I also understand that installation of this device does not authorize me to drive without a valid license. (VC 23700)

5. **If I Was Under 21:** I understand that if I was under 21 at the time of my arrest, the DMV will suspend my license (or delay its issuance) for 1 year, and I must surrender my license to the court. (VC 13202.5)

6. **Refusal Or High Blood Alcohol:** I understand that if my blood alcohol was .15 percent or above, or if I refused to submit to a chemical test, the court will consider this in determining whether to increase the penalties, grant probation, or impose additional terms of probation. (VC 23577, 23578)

7. **Passenger Under 14:** I understand that if I had a passenger under 14 years of age at the time I committed the offense the court must add 48 continuous hours in jail to a first conviction for Vehicle Code section 23152. I also understand that the court must add 10 days jail if I have one prior conviction within 10 years for violating Vehicle Code sections 23152 or 23153; 30 days jail for two prior convictions; and 90 days jail for three prior convictions. (VC 23572)

8. **Speeding:** I understand that if I was driving recklessly 30 or more miles per hour above the speed limit on a freeway (or 20 or more miles per hour above the speed limit on any other street or highway) while committing a violation of Vehicle Code section 23152 or 23153, the court will add 60 days jail to my sentence. If this is my first offense, the court will require me to complete an alcohol/drug program even if I am not given probation. (VC 23582)

9. **DMV Actions Separate:** I understand that the DMV may restrict, suspend, or revoke my license, require completion of a drinking driver program and the installation of an ignition interlock device as a result of my arrest or conviction, even if the court does not require it. I understand that these actions are additional to and separate from actions taken by the court. I understand that, if suspended or revoked, my driving privilege will not be restored unless I have provided proof satisfactory to the DMV that I have successfully completed the required drinking driver program and proof of financial responsibility.

10. **DUI Danger:** I understand that being under the influence of alcohol or drugs or both impairs my ability to safely operate a motor vehicle. Therefore, it is extremely dangerous to human life to drive while under the influence of alcohol or drugs, or both. If I continue to drive while under the influence of alcohol or drugs, or both, and, as a result of that driving, someone is killed, I can be charged with murder. (VC 23593)

I have read and I understand all of the information on these two pages.

Date: _____ ▶ _____

(SIGNATURE OF DEFENDANT)

SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF ALAMEDA

MISDEMEANOR PLEA ATTACHMENT: VC 23103 / 23103.5

PEOPLE v. _____ CASE NO.: _____

INSTRUCTIONS: Read this form if you are pleading guilty or no contest to a charge of reckless driving, reduced from charges of driving under the influence. Sign the form only if you fully understand it. If you have any questions about this form, ask your lawyer or the judge. Submit this form with the **Misdemeanor Advisement of Rights, Waiver and Plea** form.

BASIC CONSEQUENCES FOR CONVICTION OF VEHICLE CODE SECTION 23103 / 23103.5		
Offense	**Sentence With No Probation**	**Sentence With Up to 3 Years Probation**
VC 23103 as lesser offense to any DUI charge	Jail: 5 to 90 days and/or a fine of $145 to $1,000 plus penalty assessments. Serves as prior DUI conviction for 10 years.	Jail: up to 90 days and/or a fine of $145 to $1,000 plus penalty assessments. Probation revocation fine suspended. Attendance at alcohol/drug program required unless good cause shown. Serves as prior DUI conviction for 10 years.
BASIC CONSEQUENCES FOR CONVICTION OF VEHICLE CODE SECTION 23152 (a) and (b)		
Offense	**Sentence With No Probation**	**Sentence With 3 to 5 Years Probation**
Second DUI offense within 10 years	Jail: 90 days to 12 months. Fine: $390 to $1,000 plus penalty assessments. DMV suspends license 24 months; surrender license to court.	Jail: Either 96 hours (in minimum 48-hour blocks) or 10 days, to 12 months jail. Fine: $390 to $1,000 plus penalty assessments. Probation revocation fine ($100 to $1,000) suspended. Mandatory completion of alcohol/drug program for minimum 18 to 30 months. DMV suspends license 24 months; surrender license to court.
BASIC CONSEQUENCES FOR CONVICTION OF VEHICLE CODE SECTION 23152 (a) and (b)		
Offense	**Sentence With No Probation**	**Sentence With 3 to 5 Years Probation**
Third DUI offense within 10 years	Jail (120 days to 12 months). Fine: $390 to $1,000 plus penalty assessments. DMV revokes license 36 months; surrender license to court.	Option A: Same jail term and fine as no probation, plus Probation revocation fine ($100 to $1,000) suspended. Option B: Jail: 30 days to 12 months. Fine: $390 to $1,000 plus penalty assessments. Probation revocation fine ($100 to $1,000) suspended. Mandatory completion of alcohol/drug program for minimum 18 to 30 months. DMV revokes license 36 months; surrender license to court.

MISDEMEANOR PLEA ADDENDUM: VC 23103 / 23103.5

PROSECUTING ATTORNEY'S STATEMENT ON REDUCTION OF CHARGES

The following facts show that the consumption of an alcoholic beverage and/or ingestion or administration of drugs was involved in the offense(s) charged in this case: _____

_____

_____

_____

The reason(s) for the reduction of the charges involved in this case are as follows:

☐ Problems of Proof ☐ Another Offense is More Properly Charged ☐ Interest of Justice

The facts which lead to this conclusion are these: _____

_____

_____

_____

Date: _____ ▶ _____

(SIGNATURE OF PROSECUTING ATTORNEY)

1. **DMV Actions Separate**: I understand that the DMV may restrict, suspend, or revoke my license, require completion of a drinking driver program and the installation of an ignition interlock device as a result of my arrest or conviction, even if the court does not require it. I understand that these actions are additional to and separate from actions taken by the court. I understand that, if suspended or revoked, my driving privilege will not be restored unless I have provided proof satisfactory to the DMV that I have successfully completed the required drinking driver program and proof of financial responsibility.
2. **DUI Danger:** I understand that being under the influence of alcohol or drugs or both impairs my ability to safely operate a motor vehicle. Therefore, it is extremely dangerous to human life to drive while under the influence of alcohol or drugs, or both. If I continue to drive while under the influence of alcohol or drugs, or both, and, as a result of that driving, someone is killed, I can be charged with murder. (VC 23593)
3. **If I Was Under 21:** I understand that if I was under 21 at the time of my arrest, the DMV will suspend my license (or delay its issuance) for 1 year, and I must surrender my license to the court. (VC 13202.5)

I have read and I understand all of the information on these two pages.

Date: _____ ▶ _____

(SIGNATURE OF DEFENDANT)

SUPERIOR COURT OF CALIFORNIA, COUNTY OF ALAMEDA

D Hayward Hall of Justice 24405 Amador Street Ha ard, CA 94544	D Rene C. Davidson Courthouse 1225 Fallon Street, Room 107 Oakland, CA 94612

CRM-050

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, *State Bar Number and Address)* TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL *ADDRESS(Optiona/):* ATTORNEY FOR (Name):	*FOR COURT USE ONLY*
PEOPLE OF THE STATE OF CALIFORNIA *vs.* DEFENDANT	CASE NUMBER:

PETITION FOR RESENTENCING/REDUCTION TO MISDEMEANOR- RESPONSE AND ORDER
(Penal Code §1170.18)

To Be Completed by Defendant and, if Represented, Defendant's Counsel:

The defendant in the above-captioned case is seeking a resentencing/reduction on felony Count(s) _____ (count nos.), violation of (code sections), pursuant to Penal Code §1170.18.

Defendant alleges that s/he:

O has completed his/her sentence and petitions to have the felony count(s) designated as a misdemeanor(s).
O is still serving a sentence on the felony count(s) and petitions for resentencing.

De ndanfscurrentm lingaddress ----------

Defendant (check one) O does O does not consent to service by email of any Response and the Order in this matter.

If Defendant has consented, Defendant's current email address is ----------

By signing below, defendant acknowledges that s/he understands that s/he may not use, own or possess firearms, even if this Petition is granted.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that the below is the true and correct signature of the defendant in this matter.

Date:

_____ _____
(TYPE OR PRINT NAME) (SIGNATURE OF DEFENDANT)

I verify that the foregoing information is true and correct to the best of my knowledge.

Date:

_____ _____
(TYPE OR PRINT NAME) (SIGNATURE OF COUNSEL)

PEOPLE OF THE STATE OF CALIFORNIA DEFENDANT:	CASE NUMBER:

To be Completed by the District Attorney's Office:

D Defendant is *not entitled* to the relief requested.
Reason(s):

D A hearing should be set to determine D whether defendant poses an unreasonable risk of danger to public safety D Other:

D Defendant has completed his/her sentence and is *entitled* to have the felony conviction(s) designated as a misdemeanor(s).

D Defendant is *entitled* to have his/her probation terminated because:
- D Defendant has served more than 180 days of actual time.
- D Defendant has been on probation for more than three years.

D Defendant is still serving his/her sentence and is *entitled* to resentencing.
- D People waive presence and agree court may re-sentence.
- D People request resentencing hearing be set.

Date: _____

_____
Deputy District Attorney

PEOPLE OF THE STATE OF CALIFORNIA DEFENDANT:	CASE NUMBER:
	FOR COURT USE ONLY

O Matter is **setfor hearing re PC 1170.18** on _____ at _____in Department

O Matter is **set for resentencing (PC 1170.18)** on _____ at _____in Department

ORDER

O The Petition is denied. Reason: _____

O Count(s) _____ are ordered designated as a misdemeanor conviction(s).

O Probation is ordered terminated and Defendant shall be released from custody forthwith.

O Formal probation is now ordered converted to Summary Probation under the following terms and conditions:

_____

and the following civil orders are hereby ordered set aside _____

O Defendant is sentenced as follows: _____

_____

_____

Date: _____

_____
Judge of the Superior Court

CLERK'S CERTIFICATE

The foregoing Petition for Resentencing – Response and Order consisting of three (3) pages, is a full, true, and correct copy of the original on file in this office.

Clerk of the Superior Court

Date: _____

by _____, Deputy

SUPERIOR COURT OF CALIFORNIA, COUNTY OF ALAMEDA

☐ **Hayward Hall of Justice** 24405 Amador Street Hayward, CA 94544	☐ **René C. Davidson Courthouse** 1225 Fallon Street Oakland, CA 94612

CRM-051

ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, State Bar Number and Address)* TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS*(Optional):* ATTORNEY FOR *(Name)*:	*FOR COURT USE ONLY*
PEOPLE OF THE STATE OF CALIFORNIA *vs.* DEFENDANT	CASE NUMBER:

APPLICATION FOR REDUCTION TO MISDEMEANOR – RESPONSE AND ORDER
(Penal Code §1170.18(f))

To Be Completed by Applicant and, if Represented, Applicant's Counsel:

Applicant was the defendant in the above-captioned case and is seeking a reduction on certain felony count(s) as permitted under Penal Code §1170.18(f).

Applicant alleges that s/he has completed his/her sentence and is eligible to have the felony count(s) above designated as a misdemeanor(s).

Applicant's current mailing address is _____.

Applicant (check one) ☐ does ☐ does not consent to service by email of any Response and the Order in this matter.

If Applicant has consented, Applicant's current email address is_____.

Applicant (check one) ☐ does ☐ does not request a hearing on this application pursuant to Penal Code section 1170.18(h).

By signing below, applicant acknowledges that s/he understands that s/he may not use, own or possess firearms, even if this Petition is granted.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that the below is the true and correct signature of the defendant in this matter.

Date:

_____ _____
(TYPE OR PRINT NAME) (SIGNATURE OF APPLICANT)

I verify that the foregoing information is true and correct to the best of my knowledge.

Date:

_____ _____
(TYPE OR PRINT NAME) (SIGNATURE OF COUNSEL)

PEOPLE OF THE STATE OF CALIFORNIA DEFENDANT:	CASE NUMBER:

To be Completed by the District Attorney's Office:

☐ Applicant is *not entitled* to the relief requested. Reason(s):
_____
_____
_____
_____

☐ A hearing should be set because:
_____
_____
_____

☐ Applicant has completed his/her sentence and *is entitled* to have the following felony conviction(s) designated as a misdemeanor(s): _____
_____.

Date: _____ _____
Deputy District Attorney

PEOPLE OF THE STATE OF CALIFORNIA DEFENDANT:	CASE NUMBER:
	FOR COURT USE ONLY

☐ Matter is **set for hearing** on _____ at _____ in Department ____

ORDER

☐ The Petition is denied. Reason: _____
_____
_____
_____
_____

☐ Count(s) _____ are ordered designated as a misdemeanor conviction(s).

Date: _____

_____
Judge of the Superior Court

CLERK'S CERTIFICATE

The foregoing Petition for Resentencing – Response and Order consisting of three (3) pages, is a full, true, and correct copy of the original on file in this office.

Clerk of the Superior Court

Date: _____ by _____, Deputy

ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, State Bar number, and address*) TELEPHONE NO.: FAX NO. *(Optional)*: E-MAIL ADDRESS (*Optional)*: ATTORNEY FOR *(Name)*:	***FOR COURT USE ONLY***
SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER:	
CONSENT TO SERVE AND CERTIFICATION OF PRIVATE CHILD CUSTODY RECOMMENDING MEDIATOR	CASE NUMBER:

1. My name is

2. Pursuant to the order of court rendered on *(date)* , I hereby consent to serve as the private child custody recommending mediator in the above entitled action.

3. I agree to conduct the mediation in accordance with and shall comply with Family Code §§216, 1815 and 3160 through 3188, and the applicable provisions of California Rules of Court. I shall submit to the Court a written report and recommendations as to custody and/or visitation, and may submit such other recommendations as are authorized by Family Code §3183. I will be impartial, maintain appropriate levels of confidentiality, and shall function at the request of the Court and pursuant to court order.

CERTIFICATION

I certify that I meet the minimum qualifications required of a counselor of conciliation as provided in Family Code § 1815 and that I meet the continuing education requirements specified in Family Code § 1816.

Date: ▶ _____

(SIGNATURE OF PRIVATE CHILD CUSTODY RECOMMENDING MEDIATOR)

ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, State Bar number, and address*)	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS (*Optional):* ATTORNEY FOR *(Name):*	
SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER:	
STIPULATION AND ORDER APPOINTING PRIVATE CHILD CUSTODY RECOMMENDING MEDIATOR	CASE NUMBER:

1. Pursuant to the stipulation of the parties, attached hereto, **THE COURT FINDS** that there are contested custody and visitation issues, and that the parties have stipulated to a private child custody mediator pursuant to Family Code Sec. 3164 to conduct mediation of such contested issues. **Based on such finding, and good cause appearing THE COURT ORDERS**

   (Name): *(E-mail):*

   (Address): *(Telephone):*

   (Fax):

   is appointed in place of court-connected mediation services respecting the child custody and visitation issues:

   a. ☐ Described in the below listed Petition, Application or other pleading:

   (name of document): *(filing date):*

   b. ☐ As follows *(specify):*

   c. The mediation shall be conducted in accordance with and shall comply with Family Code §§216, 1815 and 3160 through 3188, and the applicable provisions of California Rules of Court. The MEDIATOR shall submit to the Court a written report and recommendations as to custody and/or visitation, and may submit such other recommendations as are authorized by Family Code §3183. The MEDIATOR shall be impartial and shall function at the request of the Court and pursuant to court order.

2. TERM OF MEDIATOR

   a. ☐ The MEDIATOR's appointment shall continue until the Court orders otherwise, or until report/recommendation is issued respecting the above-described child custody and visitation issues, whichever first occurs.

   b: ☐ For a term of *(fill in)* years, commencing on the filing of this Order, all custody and visitation issues that are before the Court or arise between the parties shall be submitted for mediation to the MEDIATOR.

3. EX PARTE COMMUNICATION. Absent written stipulation of the parties, there shall be no ex parte communication between the MEDIATOR and any party or between the MEDIATOR and any attorney of record in this action, except to schedule appointments, coordinate collateral contacts, or as required or permitted by law.

4. DOCUMENTS AND INFORMATION. The parties shall immediately provide the MEDIATOR with copies of all pleadings, motions, declarations, correspondence or other documents that relate to the contested issues to be considered by the MEDIATOR. With the exception of such documents as are subject to a valid claim of privilege, the parties shall provide all records requested by the MEDIATOR within five (5) days of request by the MEDIATOR. All documents provided to the MEDIATOR by a party (directly or through counsel) shall be contemporaneously provided to the other party. The parties shall make themselves and their minor children reasonably available to the MEDIATOR, for mediation and interview.

5. RELEASES. Upon request by the MEDIATOR, the parties shall promptly sign all documents required to allow access by the MEDIATOR to documents and information in the possession of therapists, counselors, physicians, psychiatrists, psychologists, evaluators, educators, educational institutions, police and other law enforcement authorities, hospitals, social workers and child protection entities and staff. No release provided to the MEDIATOR pursuant to this Order, nor the disclosure or production of any documents or information to the MEDIATOR pursuant to this Order shall constitute a waiver of any valid privilege.

PETITIONER/PLANTIFF: RESPONDENT/DEFENDANT:	CASE NUMBER:

6. CONFIDENTIALITY

a. The MEDIATOR shall take such steps as are necessary to protect the therapeutic privilege of any minor child and, in doing so, may decline to provide any party or counsel with information disclosed by a child or that child's therapist which would otherwise be privileged. In the event that the Court requires disclosure of privileged information or testimony, such information or testimony shall be provided to the Court in camera in the absence of the parties. Counsel for the parties shall not disclose the details of such information or testimony.

b. All reports or recommendations authored by or received from the MEDIATOR are confidential. No such report or recommendation may be provided or made available to or discussed with any person except the parties, counsel for the parties in the action, and any person allowed access by law or to whom the Court permits access by written order issued upon prior notice to all parties.

c. No person who has access to a report or recommendation by the MEDIATOR shall make a copy or disclose the content thereof to the minor child or to any person not entitled to access pursuant to this Order. The parties shall not mention or discuss within the hearing of any minor child any statement made by the MEDIATOR.

7. FACTS

a. The parties ☐ never married ☐ married on *(date):* ☐ separated on *(date):*

b. The names, birth dates, and gender of the parties' children are:

CHILDS NAME	DATE OF BIRTH	M/F

8. FEES AND COSTS OF THE MEDIATOR

a. The allocation of fees and costs of the MEDIATOR shall be

☐ subject to later reallocation between the parties as may be ordered by the Court.

☐ between parties as follows

Petitioner % Respondent % Other %

☐ other *(specify):*

b. Should the report or recommendation of the MEDIATOR proceed to hearing, or should the MEDIATOR be requested by a party to attend a hearing or deposition, the party requesting the attendance of the MEDIATOR shall provide the MEDIATOR with ten (10) days written notice of the date and time of the appearance, and shall, no less than twenty- four hours prior to the appearance, advance and tender the fees requested by the MEDIATOR for preparation and appearance.

c. Any objection to any statement, invoice or bill submitted by the MEDIATOR for payment by a party shall be in writing and delivered to the MEDIATOR within ten (10) days of the date of mailing of the statements, invoice or bill. Without prejudice to any right to initiate or maintain any other action, and provided jurisdiction exists, any dispute regarding the MEDIATOR's fees or costs shall be brought to the immediate attention of this Court by the disputing party by service and filing of a motion, with written notice to the MEDIATOR pursuant to CCP §1005(b).

PETITIONER/PLANTIFF: RESPONDENT/DEFENDANT:	CASE NUMBER:

9. ADDITIONAL ORDERS

a. Prior to the commencement of mediation, the parties may obtain such advice as they require regarding Civil Code §47 and immunity.

b. The parties shall promptly advise the Court should the MEDIATOR be unable or unwilling to accept appointment pursuant to this Order.

c. Upon notice to the parties, the MEDIATOR may make written application to the Court for such further instruction, information, and assistance as may be necessary for the completion of the tasks set forth herein. Once the appointment has been accepted by the MEDIATOR, the MEDIATOR may, upon a showing of good cause and upon written notice to the parties, petition the Court to withdraw as MEDIATOR.

d. The MEDIATOR shall provide the Court with immediate written notice if at any time during the mediation a situation arises that is immediately dangerous to the minor child or to any party, family member, child, attorney, judge or mental health professional involved in this action. Such notification may be made on an ex parte basis, and may be accompanied by an application for ex parte relief.

e. The MEDIATOR shall execute, file and serve the attached "Consent To Serve And Certification" within ten (10) days of service of this Order on the proposed MEDIATOR.

10. ☐ Hearing on the contested issues of custody and visitation is hereby set

on *(date):* at *(time):* in Dept.

Date: _____

(JUDICIAL OFFICER)

PETITIONER/PLANTIFF: RESPONDENT/DEFENDANT:	CASE NUMBER:

STIPULATION FOR ENTRY OF ORDER

The parties hereto stipulate that the Court may enter the foregoing as on Order, each party waiving the right to request a statement of decision, the right to notice of entry, and the right to appeal therefrom.

Date:

_____ ▶ _____

(TYPE OR PRINT NAME) (SIGNATURE OF PETITIONER)

Date:

_____ ▶ _____

(TYPE OR PRINT NAME) (SIGNATURE OF RESPONDENT)

Approved as to form and content:

Date:

_____ ▶ _____

(TYPE OR PRINT NAME) (SIGNATURE OF ATTORNEY FOR PETITIONER)

Date:

_____ ▶ _____

(TYPE OR PRINT NAME) (SIGNATURE OF ATTORNEY FOR RESPONDENT)

ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, State Bar number, and address*) TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS (*Optional):* ATTORNEY FOR *(Name):*	***FOR COURT USE ONLY***
SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER:	
ORDER APPOINTING ACCOUNTING EXPERT ☐ **By Stipulation** ☐ **After Hearing**	CASE NUMBER:

☐ This proceeding was heard on *(date):* at *(time):* in Dept.:

by Judge *(name):* ☐ Temporary Judge

☐ Petitioner present ☐ Attorney present *(name):*

☐ Respondent present ☐ Attorney present *(name):*

☐ Other present ☐ Attorney present *(name):*

on the Order to Show Cause or motion filed on *(date):* by *(name):*

☐ By stipulation of the parties attached hereto (no appearance).

Good cause appearing, **THE COURT ORDERS**:

1. Appointment of expert

(Name): *(E-mail):*

(Address): *(Telephone):*

(Fax):

is appointed as the court's expert under Evidence Code section 730. The expert must be impartial and must function at the request of the court and pursuant to this court order. The expert is deemed qualified to perform the following tasks and must do so, provided that the parties comply with the provisions set forth below regarding compensation and documents and information and subject to the provision regarding withdrawal.

2. Expert's tasks

a. ☐ Provide an analysis of cash flow available for support for

(1) ☐ Petitioner

(2) ☐ Respondent

b. ☐ Perform an analysis of the community property interest in the business known as *(specify):* as of the most practical date nearest *(specify):*

c. ☐ Prepare a valuation of the community interest in stock options or other forms of money interests, such as bonds, notes, mutual funds, and retirement and pension plans, in *(specify):*

d. ☐ Calculate the income tax consequences of *(specify):*

PETITIONER/PLANTIFF: RESPONDENT/DEFENDANT:	CASE NUMBER:

e. ☐ Calculate the community and separate property interest in real property located at *(address):*

f. ☐ Prepare a written tracing of *(specify):*

g. ☐ Prepare an analysis of ☐ petitioner's ☐ respondent's separate property claims relating to *(specify):*

h. ☐ Prepare an analysis of ☐ petitioner's ☐ respondent's reimbursement claims for *(specify):*

i. ☐ Calculate ☐ child ☐ spousal support arrearages including interest due.

j. ☐ Assist with settlement.

k. ☐ Other:

3. Compensation

a. A retainer of $ must be paid within 15 days of the date of this order and will be applied to the final invoice. Any unused portion of the retainer will be refunded by expert at the conclusion of expert's services.

(1) ☐ Petitioner to pay $ within *(specify number of days):*

☐ Respondent to pay $ within *(specify number of days):*

(2) ☐ Petitioner to pay the following percent of the expert's retainer *(specify %):* within *(days):*

☐ Respondent to pay the following percent of the expert's retainer *(specify %):* within *(days):*

(3) ☐ Other *(specify compensation terms):*

b. ☐ Court retains jurisdiction to order a different allocation of payment of the retainer, as between parties.

c. The billed amount must be paid on a timely basis as follows:

(1) ☐ The petitioner to pay *(specify %):*

(2) ☐ The respondent to pay *(specify %):*

(3) ☐ Other:

d. ☐ The court retains jurisdiction to order a different allocation of payment of billed amounts between parties.

e. The expert may request that the parties execute a fee schedule or engagement agreement before accepting the assignment contained in this order.

4. Documents and Information

a. The parties must provide all records requested by the expert, within 20 days of receipt of a written request.

b. Each party must provide responses to questions propounded by the expert within 10 days.

c. If requested by the expert, the parties must provide written authorization directing third parties to provide documents, records, or other information.

5. Communication

a. The expert may contact any party or attorney on an ex parte basis. In the event that an attorney for any party, or any party, communicates with the expert in writing, a copy of the communication must be provided to the other party at the same time.

b. The attorneys must notify the expert of all court dates. The expert may communicate by telephone with either party regarding the scheduling of meetings or hearings and the status of the expert's work.

PETITIONER/PLANTIFF: RESPONDENT/DEFENDANT:	CASE NUMBER:

6. Disputes

a. The expert may initiate contact with the court to obtain the court's assistance in resolving disputes related to the completion of the expert's assignment, including, but not limited to, the production of documents, the scope of the assignment, scheduling of court appearances, the payment of the expert's fees, access and entrance to property or any issue related to a violation of this order.

b. Prior to initiating such contact with the court, the expert must give written notice to each party at least two business days prior to contacting the court of the nature of the dispute and the expert's intention to notify the court.

c. Contact by the expert with the court will be by letter, by telephone conference call, by declaration, or by motion filed by the expert as the court orders.

d. Any written communication sent to the court must be provided to the other party at the same time.

7. Reporting

a. The expert may provide a status report to the court at any time. The status report must be provided to both parties at the same time as it is provided to the court.

b. The parties must meet with the expert when the report is completed.

c. Instead of meeting with the parties when the report is completed, the expert may distribute a draft report to the parties.

d. The parties must submit any objections to the findings and conclusions, any additional factual information they believe the expert should consider, or note any errors they believe the expert has made within ten days unless the expert agrees to provide additional time, which may not exceed 30 days.

e. The expert's final report must be sent to the court and copies provided to the parties, provided that the parties have complied with the provisions of this order, including the compensation and documents and information provisions.

f. ☐ The expert's final report will be admitted into evidence at any hearing or trial in this matter, over any hearsay and foundation objections, subject to cross-examination.

g. If either party wishes to cross-examine the expert, that party must give expert at least five business days written notice and must advance the fees requested by expert to prepare for and appear at the hearing, subject to reimbursement or reallocation by the court. Fees for preparing and appearing, as requested by expert must be paid at least two business days before the appearance.

h. If at any point the provisions regarding compensation of this order, or any engagement agreement between the parties and the expert, have not been complied with, the expert may stop all work and not issue a draft or final report.

8. Enforcement by expert

The expert may bring a motion in this action to enforce the provisions of this order.

9. Withdrawal of the expert

a. The expert may withdraw at any time as a result of the failure of a party to comply with the terms of this order or at any time the expert determines that the expert cannot complete the assignment. The expert must notify the court and the parties in writing of the facts that form the basis of the need to withdraw.

b. Fees earned up until the time of withdrawal are due to expert.

10. Commencement of work

The expert is not required to begin work until the expert has been served with a copy of this order.

11. Duty of parties is expert is unavailable

The parties must promptly advise the court if the expert is unable or unwilling to accept the appointment.

12. ☐ A hearing is set for

(date): at *(time):* in Dept.

Date: _____

(JUDICIAL OFFICER)

PETITIONER/PLANTIFF: RESPONDENT/DEFENDANT:	CASE NUMBER:

STIPULATION FOR ENTRY OF ORDER

The parties stipulate that the court may enter the foregoing as an order, each party waiving the right to request a statement of decision, the right to notice of entry, and the right to appeal.

Date:

_____ ▶ _____

(TYPE OR PRINT NAME) (SIGNATURE OF PETITIONER)

Date:

_____ ▶ _____

(TYPE OR PRINT NAME) (SIGNATURE OF RESPONDENT)

Approved as to form and content:

Date:

_____ ▶ _____

(TYPE OR PRINT NAME) (SIGNATURE OF ATTORNEY FOR PETITIONER)

Date:

_____ ▶ _____

(TYPE OR PRINT NAME) (SIGNATURE OF ATTORNEY FOR RESPONDENT)

ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, State Bar number, and address*) TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS (*Optional):* ATTORNEY FOR *(Name):*	***FOR COURT USE ONLY***
SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER:	
ORDER APPOINTING REAL ESTATE EXPERT ☐ **By Stipulation** ☐ **After Hearing**	CASE NUMBER:

☐ This proceeding was heard on *(date):* at *(time):* in Dept.:

by Judge *(name):* ☐ Temporary Judge

☐ Petitioner present ☐ Attorney present *(name):*

☐ Respondent present ☐ Attorney present *(name):*

☐ Other present ☐ Attorney present *(name):*

on the Order to Show Cause or motion filed on *(date):* by *(name):*

☐ By stipulation of the parties attached hereto (no appearance).

Good cause appearing, **THE COURT ORDERS**:

1. Appointment of expert

(Name): *(E-mail):*

(Address): *(Telephone):*

(Fax):

is appointed as the court's expert under Evidence Code section 730. The expert must be impartial and must function at the request of the court and pursuant to this court order. The expert is deemed qualified to perform the following tasks and must do so, provided that the parties comply with the provisions set forth below regarding compensation and documents and information and subject to the provision regarding withdrawal.

2. Expert's tasks

a. ☐ Provide a written opinion plus supporting information regarding the fair market value of the below listed property, as of the date indicated:

PROPERTY ADDRESS DATE OF VALUATION

PETITIONER/PLANTIFF: RESPONDENT/DEFENDANT:	CASE NUMBER:

b. ☐ Provide a written opinion plus supporting information regarding the fair market rental value of the below listed property, as of the date indicated:

PROPERTY ADDRESS	DATE OF VALUATION

c. ☐ Provide a written opinion regarding the impact on the fair market value of the below listed property, of any capital repair estimates obtained by either party:

PROPERTY ADDRESS	CAPITAL REPAIR ITEMS/ESTIMATES

d. ☐ Other:

3. Compensation

a. The billed mount must be paid on a timely basis as follows:

(1) ☐ The Petitioner to pay *(specify %):*

(2) ☐ The Respondent to pay *(specify %):*

(3) ☐ Other:

b. ☐ The court retains jurisdiction to later order a different allocation of payment, as between parties.

4. Documents and Information

a. The parties must provide all records requested by the expert, within 20 days of receipt of a written request.

b. Each party must provide responses to questions propounded by the expert within 10 days.

c. If requested by the expert, the parties must provide written authorization directing third parties to provide documents, records, or other information.

5. Communication

a. The expert may contact any party or attorney on an ex parte basis. In the event that an attorney for any party, or any party, communicates with the expert in writing, a copy of the communication must be provided to the other party at the same time.

b. The attorneys must notify the expert of all court dates. The expert may communicate by telephone with either party regarding the scheduling of meetings or hearings and the status of the expert's work.

PETITIONER/PLANTIFF: RESPONDENT/DEFENDANT:	CASE NUMBER:

6. Disputes

a. The expert may initiate contact with the court to obtain the court's assistance in resolving disputes related to the completion of the expert's assignment, including, but not limited to, the production of documents, the scope of the assignment, scheduling of court appearances, the payment of the expert's fees, access and entrance to property or any issue related to a violation of this order.

b. Prior to initiating such contact with the court, the expert must give written notice to each party at least two business days prior to contacting the court of the nature of the dispute and the expert's intention to notify the court.

c. Contact by the expert with the court will be by letter, by telephone conference call, by declaration, or by motion filed by the expert as the court orders.

d. Any written communication sent to the court must be provided to the other party at the same time.

7. Reporting

a. The expert may provide a status report to the court at any time. The status report must be provided to both parties at the same time as it is provided to the court.

b. The parties must meet with the expert when the report is completed.

c. Instead of meeting with the parties when the report is completed, the expert may distribute a draft report to the parties.

d. The parties must submit any objections to the findings and conclusions, any additional factual information they believe the expert should consider, or note any errors they believe the expert has made within ten days unless the expert agrees to provide additional time, which may not exceed 30 days.

e. The expert's final report must be sent to the court and copies provided to the parties, provided that the parties have complied with the provisions of this order, including the compensation and documents and information provisions.

f. ☐ The expert's final report will be admitted into evidence at any hearing or trial in this matter, over any hearsay and foundation objections, subject to cross-examination.

g. If either party wishes to cross-examine the expert, that party must give expert at least five business days written notice and must advance the fees requested by expert to prepare for and appear at the hearing, subject to reimbursement or reallocation by the court. Fees for preparing and appearing, as requested by expert must be paid at least two business days before the appearance.

h. If at any point the provisions regarding compensation of this order, or any engagement agreement between the parties and the expert, have not been complied with, the expert may stop all work and not issue a draft or final report.

8. Enforcement by expert

The expert may bring a motion in this action to enforce the provisions of this order.

9. Withdrawal of the expert

a. The expert may withdraw at any time as a result of the failure of a party to comply with the terms of this order or at any time the expert determines that the expert cannot complete the assignment. The expert must notify the court and the parties in writing of the facts that form the basis of the need to withdraw.

b. Fees earned up until the time of withdrawal are due to expert.

10. Commencement of work

The expert is not required to begin work until the expert has been served with a copy of this order.

11. Duty of parties is expert is unavailable

The parties must promptly advise the court if the expert is unable or unwilling to accept the appointment.

12. ☐ Hearing is hereby set for

(date): at *(time):* in Dept.

Date: _____

(JUDICIAL OFFICER)

PETITIONER/PLANTIFF: RESPONDENT/DEFENDANT:	CASE NUMBER:

STIPULATION FOR ENTRY OF ORDER

The parties stipulate that the court may enter the foregoing as an order, each party waiving the right to request a statement of decision, the right to notice of entry, and the right to appeal.

Date:

_____ ▶ _____

(TYPE OR PRINT NAME) (SIGNATURE OF PETITIONER)

Date:

_____ ▶ _____

(TYPE OR PRINT NAME) (SIGNATURE OF RESPONDENT)

Approved as to form and content:

Date:

_____ ▶ _____

(TYPE OR PRINT NAME) (SIGNATURE OF ATTORNEY FOR PETITIONER)

Date:

_____ ▶ _____

(TYPE OR PRINT NAME) (SIGNATURE OF ATTORNEY FOR RESPONDENT)

PETITIONER: RESPONDENT:	CASE NUMBER:

ATTACHMENT TO ORDER APPOINTING CHILD CUSTODY EVALUATOR (form FL-327)

1. This attachment accompanies FL-327 ordering the appointment of _____ as the child custody evaluator.

TASKS OF EVALUATOR

2. The child custody evaluator will provide the parties with a written description of the evaluation process, inform each adult party of the purpose, nature, and method of the evaluation, and provide information regarding the child custody evaluator's education, experience, and training.

3. The child custody evaluator will be impartial and function at the request of the court and pursuant to court order.

4. The child custody evaluator will investigate and advise the court, with respect to the health, safety, welfare, and best interest of the minor chlld(ren) of the parties in connection with the disputed custody and visitation issues in this matter.

   a. ☐ This will be a full evaluation, investigation, and assessment, intended to provide the court with a comprehensive examination of the health, safety, welfare, and best interest of the minor child(ren).

   b. ☐ This will be a partial, or focused, evaluation, investigation, and assessment. The child custody evaluator is to advise the court on the following matters:

5. ☐ See the report of the Family and Children's Bureau dated _____.

EX PARTE COMMUNICATION

6. Absent a written stipulation of the parties, there will be no *ex parte* communication between the child custody evaluator and any party or between the child custody evaluator and any attorney of record in this action, except to schedule appointments, coordinate collateral contacts, or as required or permitted by law.

DOCUMENTS AND INFORMATION

7. The parties will immediately contact the child custody evaluator and set an initial appointment date and time.

8. The parties will immediately provide the child custody evaluator with copies of all pleadings, motions, declarations, correspondence, mediation reports, or other documents that relate to the contested issues to be considered by the child custody evaluator.

9. With the exception of such documents that are subject to a valid claim of privilege, the parties will provide all records requested by the child custody evaluator within (5) five days of the request. All documents provided to the child custody evaluator by a party (directly or through counsel) will be contemporaneously provided to the other party.

10. The parties will cooperate fully with the child custody evaluation conducted under this order and will make themselves and their minor child(ren) reasonably available to the child custody evaluator for testing and interviewing.

PETITIONER: RESPONDENT:	CASE NUMBER:

RELEASES

11. The parties are directed to execute any releases that may be required by the child custody evaluator to obtain otherwise confidential or privileged information from third party sources regarding the parties or the minor child(ren). The child custody evaluator is expressly authorized to obtain information regarding the minor child(ren) from: current/previous teachers, school staff and administrators; the minor child(ren)'s current/previous pediatricians, psychologists, or mental health professionals; hospital and medical records; current/previous daycare/preschool providers; law enforcement agencies, personnel and records; Family Court Services; Child Protective Services; or other social service agencies.

CONFIDENTIALITY

12. The child custody evaluator will take such actions as are necessary to protect the therapeutic privilege of any minor child and in so doing, decline to provide any party or counsel with information disclosed by a minor child or that child's therapist that would otherwise be privileged. In the event the court requires disclosure of privileged information or testimony, such information or testimony will be provided to the court in private, in the absence of the parties. Counsel for the parties will not disclose the details of such information or testimony.

13. All reports or recommendations authored by or received from the child custody evaluator are confidential. No such report or recommendation may be provided or made available to or discussed with any person except the parties, counsel for the parties in the action, and any person allowed access by law or to whom the court permits access by written order issued upon prior notice to all parties.

14. No person who has access to a report or recommendation by the child custody evaluator will make a copy or disclose the content thereof to the minors or to any person not entitled to access pursuant to this order. The parties will not mention or discuss within the hearing of the minors any statement made to the child custody evaluator by a minor child of the parties.

FEES AND COSTS OF THE EVALUATOR

15. The parties will make financial arrangements with the child custody evaluator forthwith. The evaluation will not commence until after the parties have arranged for payment in a manner acceptable to the child custody evaluator. The court allocates the costs of the child custody evaluator as follows:

    _____ Petitioner; _____ Respondent. The court reserves jurisdiction to reallocate said payments between the parties.

ADDITIONAL ORDERS

16. The parties will promptly advise the court should the child custody evaluator be unable or unwilling to accept appointment under this order.

17. The child custody evaluator may apply in writing to the court for such further instruction, information, and assistance as may be necessary for the completion of the tasks set forth herein.

18. Once the child custody evaluator has accepted appointment, the child custody evaluator may, upon a showing of good cause and upon written notice to the parties, petition the court to withdraw.

19. The child custody evaluator will provide the court with immediate written notice if, at any time during the evaluation, a situation arises that is immediately dangerous to the minor child(ren), to any party, family member, minor child's attorney, judge or mental health professional involved in this action. Such notification may be made on an ex parte basis and may be accompanied by an application for ex parte relief.

PETITIONER: RESPONDENT:	CASE NUMBER:

20. ☐ The written report of the child custody evaluator will be admitted into evidence at any hearing or trial in this matter, over any hearsay or foundation objections, subject to cross-examination. _____ / _____ [initials of the parties]

HEARING DATE

21. ☐ Hearing on the contested issues of custody and visitation is hereby set for _____ at _____ a.m. / p.m. in Department _____ for _____.

If the hearing is continued, the parties will give the child custody evaluator timely written notice of the new date and time.

OTHER

22.

Date: _____

JUDICIAL OFFICER

ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, State Bar number, and address*)	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional)*: E-MAIL ADDRESS (*Optional*): ATTORNEY FOR *(Name)*:	
SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER:	
DECLARATION REGARDING NOTICE AND DELIVERY OF REQUEST FOR TEMPORARY EMERGENCY ORDERS	CASE NUMBER:

1. I am the ☐ attorney for the ☐ petitioner ☐ respondent ☐ claimant ☐ other (specify):

2. Describe the nature of the emergency order you are requesting:
   ☐ Immediate temporary order regarding: _____.
   ☐ An order to shorten the time for: ☐ hearing the request for order ☐ serving the other party with the request for order
   ☐ Other:

3. Was notice of this application for emergency order given to the opposing parties? ☐ YES ☐ NO.

4. a. ☐ **(NOTICE GIVEN)** I gave notice of the request for temporary emergency orders.
   (1) I told the following person the date and time I would file the request for emergency orders and the specific emergency orders I am seeking:
   (A) ☐ Petitioner ☐ Petitioner's attorney
   (B) ☐ Respondent ☐ Respondent's attorney
   (C) ☐ Other parent/party ☐ Other parent/party's attorney
   (D) ☐ Other (specify):
   (2) I gave notice by the following method:
   (A) ☐ personally on (date): at (location): , California; at a.m./p.m.
   (B) ☐ telephone on (date): at (telephone number): ; at a.m./p.m.
   (C) ☐ text on (date): at (telephone number): ; at a.m./p.m.
   (D) ☐ voicemail on (date): at (voicemail number): , at a.m./p.m.
   (E) ☐ fax on (date): at (fax number): ; at a.m./p.m.
   (F) ☐ email on (date): to (email address): ; at a.m./p.m.
   (G) ☐ Other (specify):
   (3) The time I gave notice:
   (A) ☐ By 10:00 a.m. the court day before I filed the request for emergency orders
   (B) ☐ After 10:00 a.m. the court day before I filed the request for emergency orders because of the following exception circumstances (specify):

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	CASE NUMBER:

b. ☐ **(NOTICE NOT GIVEN)** I did not give notice to the other party/ies about this request for temporary emergency orders. I request that the court waive notice to the other party because of the following exception circumstances (check all that apply):

(1) ☐ To help prevent an immediate danger or irreparable harm to myself (or my client) or to the child(ren) in the case.

(2) ☐ There is an immediate risk that the child(ren) in the case will be removed from the state of California.

(3) ☐ To help prevent immediate loss or damage to property subject to disposition in the case.

(4) ☐ Other exception circumstances (specify):

(5) Facts in support of the request to waive notice are (specify):

c. ☐ I did not give notice to the other party/ies about this request for emergency orders because I was unable to do so despite my best efforts. The efforts I made to notify the other party/ies were (specify):

5, ☐ Delivery of documents.

a. The Request for Order (form FL-300) for temporary emergency orders, the Temporary Emergency Orders (form FL-305) and all related documents were delivered to:

(A) ☐ Petitioner ☐ Petitioner's attorney

(B) ☐ Respondent ☐ Respondent's attorney

(C) ☐Other parent/party ☐ Other parent/party's attorney

(D) ☐ Other (*specify*):

b. I gave the documents by the following method:

(A) ☐ personally on (date): at (location): , California; at a.m./p.m.

(B) ☐ fax on (date): at (fax number): ; at a.m./p.m.

(C) ☐ email on (date): at (email address): ; at a.m./p.m.

(D) ☐ Overnight mail or other overnight carrier (*specify*):

c. ☐ documents were not delivered to the other party/ies because of the following exceptional circumstances (specify facts in support of the request to waive delivery of the documents):

6. I ☐ do believe ☐ do not believe the other party/ies will oppose this request for temporary emergency orders.

7. I ☐ have ☐ have not requested the same orders from the court in the past.

I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.		
DATE:	TYPE OR PRINT DECLARANT'S NAME:	DECLARANT'S SIGNATURE:

ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, State Bar number, and address*)	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS (*Optional):* ATTORNEY FOR *(Name):*	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ALAMEDA STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME	
PETITIONER: RESPONDENT: OTHER:	
AGREEMENT FOR CHILD VISITATION SUPERVISION	CASE NUMBER:

1. I *(name of visitation supervisor)*:_____ agree to act as a supervisor

   for visitation between *(name of parent/guardian):*_____ and

   (name of minor child/children): _____.

   under the court order dated _____, a copy of which has been given to me.

2. I understand that my principal responsibility is to observe these visits in person and to take action immediately if the minor child(ren) needs protection, reassurance, or a break of any kind from the visit. I agree to perform my duties as a visitation supervisor dispassionately and without any bias or favoritism toward or against the supervised person.
3. I agree that I will report to the court or, if ordered by the court, to Family Court Services, if the supervised person violates any of the rules described on the *Guidelines for Child Visitation Supervision* (form ALA FL-015-INFO) and, if ordered by the court, on all the observations I make during the visits.
4. I agree that I will not, under any circumstances, leave the minor child or children with the supervised person outside my presence.
5. I have received a copy of the *Guidelines for Child Visitation Supervision* given to me by this court, understand them, and agree to follow them. Specifically, I have read and understood my obligation to report any child abuse or any reasonable suspicion of child abuse to Child Protective Services.
6. I understand that if I fail to follow this agreement, I may be held in contempt of this court; I may put the safety of the minor child(ren) at risk; and I may make it difficult or impossible for the supervised person to continue to have visitation.

I have received copies of this *Agreement for Child Visitation Supervision* and the *Guidelines for Child Visitation Supervision*. I understand and agree to comply with each of the provisions in the two forms. I understand that no supervision will take place until the visitation supervisor has signed the *Agreement for Child Visitation Supervision*.

Date: ▶ _____

SIGNATURE OF SUPERVISED PARENT OR GUARDIAN

Date: ▶ _____

SIGNATURE VISITATION SUPERVISOR

_____

_____

_____

ADDRESS AND PHONE NUMBER OF VISITATION SUPERVISOR

Form Approved for Mandatory Use
Superior Court of California,
County of Alameda
ALA FL-015 [New January 1, 2009]

Penal Code § 11160;
Standards of Judicial Administration, § 5.20;
Local Rule 5.20

GUIDELINES FOR CHILD VISITATION SUPERVISION

These guidelines provide information about supervised child visitation.

1. The child(ren) will not be left alone at any time with the person whose visit is being supervised.

2. The visitation supervisor's judgment will not be questioned in front of the child(ren). Complaints about the supervisor's decisions must be raised with the mediator, special master, or court at a later time.

3. The supervised person will not initiate any discussions with the child(ren) about the court case, about any allegations that have been made, about the other party, or about significant future plans, such as to live together or to take trips together.

4. The visitation supervisor must approve any gifts to be given to the child(ren) in advance.

5. The visitation supervisor must advise the court in writing if the supervised person violates any of the rules in these guidelines. The visitation supervisor must provide an oral or written summary of the visits if requested by the court.

6. The court encourages the visitation supervisor to report to Child Protective Services if the visitation supervisor has any knowledge, or reasonable suspicion, of any mental suffering inflicted upon the child(ren), if the child(ren)'s emotional well-being is endangered in any other way, or if there is any instance of child abuse. The report must be made by telephone as soon as possible. The 24-hour phone number to make reports to Child Protective Services in Alameda County is (510) 259-1800. If the incident or events occurred in another county, call Child Protective Services in that county. A visitation supervisor who will be providing supervision outside of Alameda County should know the telephone number of the appropriate Child Protective Services agency before the out-of-county visitation begins. Call Family Court Services at (510) 690-3500 with the report as soon as possible after calling Child Protective Services. The court encourages the visitation supervisor to submit a written report to Child Protective Services within 36 hours on a form provided for this purpose. (Copies of the form are available from Family Court Services.)

ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, State Bar number, and address*)	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS (*Optional):* ATTORNEY FOR *(Name):*	
SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER:	
APPLICATION AND ORDER FOR MINOR'S COUNSEL FEES OVER CAP	CASE NUMBER:

1. I *(Name):* declare that I am the attorney appointed to represent the minor(s) in this action.

2. I have received *(Amount):* $ in attorney's fees to date. This amount is at or over the payment cap in the court's rules. ☐ A declaration describing my previous billings is attached.

3. In order to represent the minor(s) properly, the following additional services are needed *(specify):*

4. To perform these services, _____ hours of attorney time are required, at the ☐ hourly rate ☐ lump sum of $ _____.

Date: ▶ _____
ATTORNEY FOR MINOR(S)

5. The request for attorney's fees over the cap is ☐ GRANTED; ☐ DENIED without prejudice to being resubmitted with a declaration describing ☐ previous billings in this matter ☐ more detailed explanation of services needed; or ☐ DENIED.

6. Additional fees in no more than the following amount shall be paid to the minor's counsel *(specify):*

Date: _____
(JUDICIAL OFFICER)

ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, State Bar number, and address*) TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS (*Optional):* ATTORNEY FOR *(Name):*	***FOR COURT USE ONLY***
SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER:	
SUMMARY OF CONTESTED AND RESOLVED ISSUES	CASE NUMBER:

1. The parties agree that the resolved issues are:

☐ Custody/Visitation ☐ Child Support ☐ Spousal Support
☐ Arrearages ☐ Property Valuation ☐ Property Valuation Date
☐ Property Division ☐ Property Characterization ☐ Separation Date
☐ Reimbursement ☐ Attorney's Fees & Costs ☐ Contempt
☐ Other *(specify):*

2. The parties agree that the contested issues are *(specify):*

3. ☐ Number of pages attached: _____

Date: ▶ _____

☐ ATTORNEY FOR ☐ PETITIONER ☐ RESPONDENT ☐ OTHER

Date: ▶ _____

☐ ATTORNEY FOR ☐ PETITIONER ☐ RESPONDENT ☐ OTHER

ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, State Bar number, and address*)	***FOR COURT USE ONLY***
TELEPHONE NO.: FAX NO. *(Optional)*: E-MAIL ADDRESS (*Optional*): ATTORNEY FOR *(Name)*:	
SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER:	
APPLICATION AND ORDER FOR CONTINUANCE OF ☐ **Hearing** ☐ **Status Conference** ☐ **Case Resolution Conference**	CASE NUMBER:

1. The parties request the ☐ hearing ☐ status conference ☐ case resolution conference set in Dept. on (Date): at (Time):
   be ☐ continued in that department to (Date): at (Time):
   be ☐ dropped.

2. The parties have agreed to the continuance or the request to drop the hearing or the conference. The courtroom clerk has indicated that the date requested is available for the continued hearing or conference.

3. The hearing or conference has been continued _____ times in the past.

4. The reason for the request to continue or drop the matter is (specify):

5. The parties agree that any existing temporary order previously issued by the court at the time of the filing of this application, except orders issued under the Domestic Violence Prevention Act, shall remain in effect until the next hearing is held. The parties acknowledge that any temporary orders issued under the Domestic Violence Prevention Act will not remain in effect beyond the date upon which they are set to expire unless they are extended by a reissuance of the orders. An application for reissuance of temporary orders under the Domestic Violence Prevention Act, if requested, is submitted with this form.

6. The parties agree that if this request is granted, ☐ Petitioner ☐ Respondent ☐ Other Parent ☐ Other (*specify*): _____ _____ shall pay any required continuance fee within ten days of the date this form is mailed or faxed to the court, when this application and order is filed if it is filed in person, or before the hearing or conference is held, whichever is earliest.

ALL PARTIES MUST SIGN THIS FORM BEFORE IT IS FILED WITH THE COURT.

Date:

▶ _____

☐ ATTORNEY FOR ☐ PETITIONER ☐ RESPONDENT ☐ OTHER PARENT ☐ OTHER

Date:

▶ _____

☐ ATTORNEY FOR ☐ PETITIONER ☐ RESPONDENT ☐ OTHER PARENT ☐ OTHER

Date:

▶ _____

☐ ATTORNEY FOR ☐ PETITIONER ☐ RESPONDENT ☐ OTHER PARENT ☐ OTHER

Date:

▶ _____

☐ ATTORNEY FOR ☐ PETITIONER ☐ RESPONDENT ☐ OTHER PARENT ☐ OTHER

7. The application is ☐ DENIED.

The application for continuance of the ☐ hearing ☐ status conference ☐ case resolution conference is ☐ GRANTED and the matter is continued to the date and time requested with temporary orders other than those issued under the Domestic Violence Prevention Act continued to the same date and time or is dropped as requested.

IF THIS APPLICATION IS DENIED, ALL PARTIES AND THEIR ATTORNEYS MUST APPEAR IN COURT AS PREVIOUSLY ORDERED.

Date:

_____
(JUDICIAL OFFICER)

ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, State Bar number, and address*)	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS (*Optional):* ATTORNEY FOR *(Name):*	
SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER:	
APPLICATION AND ORDER TO APPEAR BY TELEPHONE	CASE NUMBER:

1. I, (*name*): , am the ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other party ☐ attorney for (*name*): in this case.

2. I ask the court to allow ☐ me ☐ Other (*specify*): to appear from telephone number: ( ) on (*date*): at (*time*): in Department: of the above entitled court.

3. I would like the court to consider the following information in making its decision whether to allow a telephone appearance (*check all that apply*). (*Note: The court can still deny your request, even though boxes are checked.)*

   a. ☐ I live or work outside of the State of California in (*specify location):*

   b. ☐ I live in _____ County in California, which is _____ miles from the above courthouse where the hearing is set.

   c. ☐ I am disabled.

   d. ☐ I am asking not to appear because of domestic violence.

   e. ☐ Other (*specify):*

4. a. ☐ I have filed this request at least 12 court days before the hearing and have served or will serve all parties and attorneys, if any, with this form by personal delivery, fax, express mail, or other reasonable means to ensure delivery by the close of the next court day after filing this form.

   b. ☐ If there are financial issues to be decided, a current *Income and Expense Declaration (*Judicial Council form FL-150) or a *Financial Statement (Simplified)* (Judicial Council form FL-155) has been filed and served on all parties along with the request or response to the application to appear by telephone.

   c. ☐ I have complied with all requirements of Local Rule 5.37.

5. I agree to be responsible for the costs and arrangements of this telephone appearance if required by the court.

6. I have signed the declaration on the next page of this form indicating that all of the information on this page is true and correct.

ORDER:

The application to appear by telephone is ☐ DENIED; ☐ GRANTED provided that the applicant arranges for, and pays any required fees to, CourtCall at (888) 882-6878; ☐ GRANTED provided that the applicant calls the court at the time set for the hearing at _____; ☐ GRANTED and the court will call the applicant at the number provided in line 2 of this form at some time during the morning or afternoon session at which the hearing is calendared.

Date: _____
(JUDICIAL OFFICER)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	CASE NUMBER:

ADVISEMENT REGARDING TELEPHONE APPEARANCE

1. I know that I can personally appear at this hearing, and I give up that right. I agree to be duly sworn upon request by the court clerk, holding up my right hand and agreeing under penalty of perjury under the laws of the State of California to tell the truth and nothing but the truth.
2. I will provide my driver's license number, social security number, or other information to verify my identity when asked by the court staff or conference call provider.
3. I understand that the court may not have videoconferencing capabilities. I understand and assume the risk that I may not be able to personally see or inspect the pleadings, documents, or evidence; the witnesses' facial reactions, demeanors, or hand gestures; or other visual or nonverbal aspects of the hearing.
4. I understand that if I do not make the proper arrangements for a telephone appearance as set out in local rules or in directions provided by the court, the matter may proceed without my personal or telephone appearance and the court may decide my case based on the documents I filed for this hearing.
5. I understand that the court, in its discretion, may decide to terminate the telephone appearance if it determines during the hearing that a personal appearance would materially assist in the determination of the proceedings. Other reasons for terminating the telephone appearance could include my not being available at the calendar call, delay, questions about credibility, disruption, noise, misconduct, a communication problem, a technical problem, and other problems.
6. I understand that the court may decide at any time to require my personal appearance, continue my hearing, and order me to appear at the continued hearing.
7. I assume the risks of cost, time, delay, repeated telephone calls, technical failure, a wrong number, and other problems that could arise out of this telephone appearance. I understand that if problems occur, the matter may proceed without my personal or telephone appearance and the court may decide my case based on the documents I filed for this hearing.
8. I understand that if I need to present documents, present witnesses, cross-examine witnesses, or provide information that is not available at the hearing, it is my responsibility to ask the court to continue the hearing. The court may decide to grant or deny my request. I understand that any arguments or support proof should be served and filed on time before the hearing so that the court, the local child support agency, and the other parent have an opportunity to know about my case.
9. I understand that the court may require me to make all arrangements for the telephone appearance at my own expense.
10. I understand that if I have low income or no income, I may apply for a waiver of any filing fees and a waiver of conference call vendor fees. If the court makes collect calls for telephone appearances and so orders me, I will be available to receive a collect call from the court at the date and time specified. The telephone number will not be one that is blocked from receiving collect calls. If there are domestic violence or other confidentiality issues in the case and I do not wish my home or work phone number to be made publicly available, I may provide a number other than my home and work numbers at which the court can call me collect. I understand that I can check with the local court clerk or local rules of court regarding any additional local procedures that may be available to protect my confidentiality.
11. If there are financial issues to be decided, I understand that it is my responsibility to timely file with the court and serve on the other party or parties all necessary and appropriate pleadings and documents, including:
    a. *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155), whichever is appropriate.
    b. My pay stubs from the last two months or other proof of income.
    c. The proposed guideline support calculation (optional unless required by local court rule or court order in this case).

I have read the Advisement Regarding Telephone Appearance section of this form and I understand that the terms apply to me.

I declare under penalty of perjury under the laws of the State of California that all of the statements on this second page of form ALA FL-037 and that all of the facts stated on the first page of the form, the Application and Order to Appear by Telephone, are true and correct.

Date:

_____ (TYPE OR PRINT NAME)

▶ _____ (SIGNATURE)

Form Adopted for Mandatory Use
Superior Court of California,
County of Alameda
ALA FL-037 [NEW 01-01-2013]

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	CASE NUMBER:

PROOF OF SERVICE

1. At the time of service I was at least 18 years of age and not a party to this action.

2. My residence or business address is *(specify)*:

3. I served a copy of the foregoing *Application and Order to Appear by Telephone* and all attachments as follows *(check a, b, or c for each person served)*:

   a. ☐ **Personal delivery**. I personally delivered a copy and all attachments as follows:

      ☐ Name of party or attorney served:

      (1) Address where delivered:

      (2) Date delivered:
      (3) Time delivered:

   b. ☐ **Mail**. I am a resident of or employed in the county where the mailing occurred.

      (1) I enclosed a copy in an envelope and

         (a) ☐ **deposited** the sealed envelope with the U. S. Postal Service with the postage fully prepaid.

         (b) ☐ **placed** the envelope for collection and mailing on the date and at the place shown below, following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U. S. Postal Service in a sealed envelope with postage fully prepaid.

      (2) ☐ Name of party or attorney served:

         (a) Address:

         (b) Date mailed:
         (c) Place of mailing *(city and state)*:

      (3) **Address Verification** *(specify)*:

         (a) ☐ I served a request to modify a child custody, visitation, or child support judgment or permanent order, which included an address verification declaration *(Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order* (form FL-334) may be used for this purpose).

         (b) ☐ The address for the individual identified in item 3a.

   c. ☐ **Other** *(specify)*:

      ☐ Additional page is attached.

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

Date:

_____ (TYPE OR PRINT NAME)

▶ _____ (SIGNATURE OF PERSON WHO SERVED REQUEST)

ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, State Bar number, and address*)	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS (*Optional):* ATTORNEY FOR *(Name):*	
SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER:	
STATUS CONFERENCE QUESTIONNAIRE	CASE NUMBER:

1. Check all the issues that might come up in this case:

☐ Custody/Visitation ☐ Child Support ☐ Spousal Support
☐ Arrearages ☐ Property Valuation ☐ Property Valuation Date
☐ Property Division ☐ Property Characterization ☐ Separation Date
☐ Reimbursement ☐ Attorney's Fees & Costs ☐ Contempt
☐ Other *(specify):*

2. Discovery

a. Has any discovery been requested? ☐ Yes ☐ No

Was the discovery requested ☐ informally or ☐ formally?

If formally, what kinds of discovery requests have been made? ☐ Interrogatories ☐ Depositions ☐ Document Production.

b. Estimated date of completion of discovery described in the previous section *(specify):*

c. Have the parties served the mandatory declarations of disclosure? ☐ Yes ☐ No

☐ Petitioner ☐ has ☐ has not served the preliminary declaration of disclosure.
☐ Petitioner ☐ has ☐ has not served the final declaration of disclosure.
☐ Respondent ☐ has ☐ has not served the preliminary declaration of disclosure.
☐ Respondent ☐ has ☐ has not served the final declaration of disclosure.

If disclosures have been served, have the required declarations concerning service of the declarations of disclosure been filed with the court by: Petitioner ☐ YES ☐ NO Respondent ☐ YES ☐ NO

If the answer to any of the questions in Item 2c is NO, when will the disclosures and declarations re service of the disclosures be completed and filed? *(specify):*

d. Are there any other discovery issues the court should know about *(specify)*:

3. ☐ Bifurcation of issues may be requested on the following issue(s) *(specify):*

4. ☐ Parties and/or counsel have met to discuss settlement. How many times? _____ times in person _____ times by phone

Date: ▶ _____

☐ ATTORNEY FOR ☐ PETITIONER ☐ RESPONDENT ☐ OTHER

ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, State Bar number, and address*)	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional)*: E-MAIL ADDRESS (*Optional*): ATTORNEY FOR *(Name)*:	
SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER:	
CASE MANAGEMENT CONFERENCE QUESTIONNAIRE for ☐ **Continued Family Law Status Conference** ☐ **Family Centered Case Resolution Conference**	CASE NUMBER:

1. Statistical Information
   a. Date of marriage:
   b. Date of separation:
   If disputed: Petitioner's proposed date: Respondent's proposed date:
   c. Date petition filed:
   d. Date of service:
2. Child Custody/Child Visitation ☐ Not applicable
   a. Are there current custody/visitation orders? ☐ YES ☐ NO
   If yes: Date of current order:
   Brief description of orders (e.g., alt weeks, 2-2-5, supervised):
   Time share for Petitioner _____ % and for Respondent _____ %
   If no: Is a custody/visitation order requested? ☐ YES ☐ NO
   Does either party request a change in the current order? ☐ YES ☐ NO
   b. Do the parties require a referral to Family & Children's Bureau? ☐ YES ☐ NO
   c. Is it anticipated that a custody evaluation will be required? ☐ YES ☐ NO
3. Child Support ☐ Not applicable
   a. Is there a current child support order? ☐ YES ☐ NO
   If yes, date of current order: amount ordered: $ per month
   b. Is either party seeking a child support award? ☐ YES ☐ NO
   c. What is the date of filing of each party's most current income and expense declaration?
   Petitioner: _____, 20_____; Respondent: _____, 20_____.
   d. Is either party seeking to modify the current child support order? ☐ YES ☐ NO
   If yes, brief description of the reason for modification:
   e. Is either party claiming child support arrearages or over-payment? ☐ YES ☐ NO
   If yes, amount claimed to be owed: $ _____ amount claimed overpaid: $ _____
4. Spousal Support
   a. Is there a current spousal support order? ☐ YES ☐ NO
   If yes, date of current order: amount ordered $ per month
   b. Is either party seeking an award of spousal support? ☐ YES ☐ NO
   If yes, amount requested: $
   c. Is either party seeking to modify the current order or terminate the court's jurisdiction over spousal support?
   ☐ YES ☐ NO. If yes, proposed modification/reason for termination:

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	CASE NUMBER:

d. Is either party claiming spousal support arrearages/over-payment? ☐ YES ☐ NO
If yes, amount claimed to be owed: $ _____ amount claimed overpaid: $ _____

5. Property
a. Do the parties have any community property to divide? ☐ YES ☐ NO
If yes: Real property _____ FMV_____ Debt_____
Pensions _____
Stock/stock options_____
Vehicles_____
Gold/jewelry_____
Other property valued above $5,000.00_____
b. Are there community debts? ☐ YES ☐ NO
If yes: Credit card debt_____
Student loans_____
Tax liabilities_____
Promissory notes_____
Other debts exceeding $1,000.00_____
c. Have real property appraisals been completed? ☐ YES ☐ NO
d. Have pensions been joined? ☐ YES ☐ NO
e. Is there a dispute over the valuation date of any asset? ☐ YES ☐ NO
f. Does either party claim any significant separate property assets? ☐ YES ☐ NO
If yes, state the nature and extent of said assets:

g. Is either party requesting reimbursement for payments made on community debt or use of community property?
☐ YES ☐ NO Amount requested _____

6. Discovery
a. Discovery remaining: ☐ Interrogatories ☐ Depositions ☐ Document production
b. Estimated date of completion:
c. Are experts retained or expected to be retained? ☐ YES ☐ NO
If yes, what is the nature of the expertise of the expert(s)?
☐ Child custody evaluator ☐ Real estate appraiser ☐ Accountant
☐ Business valuator ☐ Vocational evaluator ☐ Other (*specify*):
Are or will the retained or expected experts be appointed under Evidence Code section 730? ☐ YES ☐ NO
d. Other discovery to be undertaken (*specify*):

7. 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

8. ☐ Party intends to request bifurcation of the following issue(s) (*specify*):

9. ☐ Parties or counsel have met to discuss settlement. ☐ YES ☐ NO
How many times in person (*specify*): by phone (*specify*):

10. Estimated time for trial (*specify hours or days*):

11. Non-expert witnesses (*number*): (*names*):

12. Expert witnesses (*number*): (*names*):

13. Please attach all case management orders you request be made.

Date: ▶ _____
☐ ATTORNEY FOR ☐ PETITIONER ☐ RESPONDENT ☐ OTHER

Form Approved for Mandatory Use
ALA FL-041 [Rev. 07-01-2014]

CASE MANAGEMENT CONFERENCE QUESTIONNAIRE

ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, State Bar number, and address*) TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS (*Optional):* ATTORNEY FOR *(Name):*	*FOR COURT USE ONLY*
SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER:	
STIPULATION AND ORDER FOR VOLUNTARY SETTLEMENT CONFERENCE	CASE NUMBER:

1. The parties and attorneys signing this form declare that:
   a. Both parties have served their preliminary declarations of disclosure and filed proofs of service with the court.
   b. The parties have met and conferred in a good faith attempt to settle the contested issues.
   c. During the 90 days immediately following the submission of this stipulation, a party or attorney is unavailable for the following dates during the normal settlement conference calendar *(list dates that are NOT available):*

      We prefer to have the settlement conference set on (*list dates that are preferred):*

   d. The settlement conference shall address: ☐ all issues ☐ following issues *(specify):*

   e. Discovery on the issues identified in 1d ☐ is completed; ☐ will be completed at least 14 days prior to the conference; ☐ is being deferred to see if settlement can be accomplished without incurring costs for discovery.
   f. The parties will comply with Local Rules regarding the submission of Settlement Conference Statements.

Date: ▶ _____

☐ ATTORNEY FOR ☐ PETITIONER ☐ RESPONDENT ☐ OTHER

Date: ▶ _____

☐ ATTORNEY FOR ☐ PETITIONER ☐ RESPONDENT ☐ OTHER

2. The request for voluntary settlement conference is ☐ GRANTED ☐ DENIED.
3. The matter is set for settlement conference on *(date):* at *(time):* in Dept:

Date: _____

(JUDICIAL OFFICER)

ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, State Bar number, and address*)	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS (*Optional):* ATTORNEY FOR *(Name):*	
SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER:	
REQUEST FOR CASE RESOLUTION CONFERENCE	CASE NUMBER:

1. All parties have been served or have appeared.

2. Petitioner's preliminary declaration of disclosure was served on: and the Declaration of its service filed on: .
   Respondent's preliminary declaration of disclosure was served on: and the Declaration of its service filed on: .

3. All necessary discovery is complete or will be completed within 60 days.

4. The disputed issues to be litigated are *(specify:)*

5. The estimated time for trial *(specify hours or days):*

Date: ▶ _____

☐ ATTORNEY FOR ☐ PETITIONER ☐ RESPONDENT ☐ OTHER

ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, State Bar number, and address*)	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS (*Optional):* ATTORNEY FOR *(Name):*	
SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER:	
JOINT APPLICATION AND ORDER FOR CONTINUANCE OF SETTLEMENT CONFERENCE, LONG CAUSE HEARING, OR TRIAL	CASE NUMBER:

1. The case is set for settlement conference, long-cause hearing, or trial as follows:
   a. ☐ Settlement conference is set on *(date):* at *(time):* in Dept.
   b. ☐ Long-cause hearing or trial is set on *(date):* at *(time):* in Dept.
2. Good cause exists for continuance because *(specify):*

3. During the 90 days immediately following the filing of this application, a party or attorney is unavailable on the following dates *(list unavailable dates):*

We prefer that the matters be reset on the following date(s) *(list preferred dates):*

Date: ▶ _____

☐ ATTORNEY FOR ☐ PETITIONER ☐ RESPONDENT ☐ OTHER

Date: ▶ _____

☐ ATTORNEY FOR ☐ PETITIONER ☐ RESPONDENT ☐ OTHER

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4. The application is ☐ GRANTED ☐ DENIED.
5. The case is reset as follows:
   a. ☐ Status conference is set on *(date):* at *(time):* in Dept.
   a. ☐ Case resolution conference is set on *(date):* at *(time):* in Dept.
   b. ☐ Settlement conference is set on *(date):* at *(time):* in Dept.
   c. ☐ Trial is set on *(date):* at *(time):* in Dept.

Date: _____

(JUDICIAL OFFICER)

Form Adopted for Mandatory Use
Superior Court of California,
County of Alameda
ALA FL-055 [Rev. January 1, 2012

Superior Court of California
COUNTY OF ALAMEDA

Interpreter Request Form (Civil/Family) – ALA-INT-001

IMPORTANT: Interpreters will not always be available for all hearings or in all languages. See instructions on page 2 for more information about requesting an interpreter in a civil action.

1. I (name): _____ am a party in Case Number _____. I am the (check one item below):

   ☐Plaintiff/Petitioner ☐Defendant/Respondent ☐Other (describe): _____

2. I need an interpreter for (check all that apply) ☐me ☐a witness (describe): _____

3. The language(s) in which I need an interpreter are ☐Spanish ☐Vietnamese ☐Mandarin

   ☐Cantonese ☐Other (list all): _____

4. The court hearing or proceeding for which I need an interpreter is scheduled for (date):_____ at (time): _____ in Department _____.

   ☐ No date is set yet.

   ☐ I don't know the date of the hearing or proceeding.

5. Type of case, if known (check one):

   a. ☐Domestic violence b. ☐Elder or dependent adult physical abuse

   c.☐ Civil harassment d. ☐Unlawful detainer e. ☐Termination of parental rights

   f. ☐ Guardianship/Conservatorship g. ☐Child custody/visitation

   h. ☐Elder or dependent adult abuse (not involving physical abuse)

   i. ☐Other Family Law j. ☐Other Civil k. ☐Don't know/not sure

6. Fee waiver status (check one)

   a. ☐ I received a fee waiver in this case on (give date of order granting fee waiver and attach copy of order if available): _____

   b. ☐ I applied for a fee waiver in this case on (date application was filed): _____

   c. ☐ I have not received and am not seeking a fee waiver.

DATE: _____ SIGNATURE:_____

INSTRUCTIONS

1. Court proceedings are conducted in English. If a party or a witness does not speak English well, he or she may need an interpreter to testify, to speak to the judge, and to understand what others are saying in the proceeding. Certified and registered court interpreters are specifically trained to interpret in court proceedings. If you need language assistance, you should ask the court if it can provide a court interpreter by filling out this form.

2. Courts are not always able to provide or pay for an interpreter in every language or in every civil case. The Legislature has set priorities for which courts are reimbursed for providing interpreters in civil cases. The Court's first priority is to try to provide interpreters in the following kinds of cases:

   a. Domestic violence cases and family law cases in which there is a domestic violence issue;
   b. Elder or dependent adult abuse cases involving physical abuse;
   c. Unlawful detainer or eviction cases; and
   d. Termination of parental rights proceedings.

3. Courts may be able to provide interpreters in some languages in some other civil cases. The Legislature has set priorities in these cases also. Where possible, the Court will try to provide interpreters in the following order:

   e. Actions relating to conservatorships or guardianships;
   f. Actions for child custody or visitation;
   g. Elder or dependent adult abuse cases not involving physical abuse;
   h. All other family law actions; and
   i. All other civil actions.

   In these types of cases, preference will be given to parties with financial need who have qualified for a fee waiver, so if you need a court interpreter *and* need financial assistance, you should apply for a fee waiver if you do not already have one. To do so, complete and file a *Request to Waive Court Fees (Civil Actions)* (form FW-001). You should note in item 6 of this form whether you have a fee waiver already, have applied for one, or do not intend to apply for one.

4. If your case falls within one of the categories of cases listed in paragraphs 2 or 3 above, and you would benefit from having an interpreter during your court proceedings, you must use this form to request a court interpreter. Complete the first page and submit it to the Court. The form may be submitted at the clerk's office in any court location where the case type at issue is heard.

ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, State Bar number, and address*) TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS (*Optional):* ATTORNEY FOR *(Name):*	***FOR COURT USE ONLY***
SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME	
In the Matter of (Name of Child):	
APPLICATION AND ORDER TO CHANGE OR ADD A JUVENILE COURT DATE	CASE NUMBER:

1. The ☐ attorney ☐ district attorney ☐ probation officer ☐ child welfare worker ☐ other *(specify):*_____ ,

requests that this matter, calendared for *(specify nature of hearing):* _____ be:

Advanced or vacated from date: _____ time: _____ department: _____

Continued to date: _____ time: _____ department: _____

Placed on calendar date: _____ time: _____ department: _____

2. Good cause exists for this request because *(specify):*

3. The following have been contacted regarding this request:

		Agrees	Opposes	Unknown
☐ a. The minor's attorney: (name) _____ ☐ in person ☐ by phone		☐	☐	☐
☐ b. The district attorney or county counsel: (name) _____ ☐ in person ☐ by phone		☐	☐	☐
☐ c. The probation officer or child welfare worker: (name) _____ ☐ in person ☐ by phone		☐	☐	☐
☐ d. The mother or partner's attorney: (name) _____ ☐ in person ☐ by phone		☐	☐	☐
☐ e. The father or partner's attorney: (name) _____ ☐ in person ☐ by phone		☐	☐	☐
☐ f. other *(specify:)* (name) _____ ☐ in person ☐ by phone		☐	☐	☐
4. The minor and parent(s) were notified by: (name) _____		☐	☐	☐

5. An interpreter is needed for *(specify:)*_____ in the following language *(specify:)*_____

Date: ▶ _____

(APPLICANT)

6. The application is: ☐ GRANTED ☐ DENIED.

Date: ▶ _____

(JUDICIAL OFFICER)

ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, State Bar number, and address*) TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS (*Optional):* ATTORNEY FOR *(Name):*	***FOR COURT USE ONLY***
SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER:	
RECOMMENDATION, CERTIFICATION, AND ORDER FOR MEDICAL, SURGICAL, DENTAL, OR OTHER REMEDIAL CARE	CASE NUMBER:

1. I *(Name):* declare that I am a duly licensed physician or dentist under the laws of the state.
   My telephone number is: ; my fax number is:

2. ☐ I recommend that immunization, medical and dental examination, preventive, therapeutic and remedial medical and dental procedures, and psychiatric or psychological evaluation and treatment be provided to the minor who is the subject of this action as may be deemed necessary or advisable in accordance with sound medical or dental practice.

3. ☐ I recommend that the following ☐ major OR ☐ minor surgical procedure(s) be performed *(specify):*

4. The minor's current condition that necessitates the treatment is *(specify):*

5. The following consequences are to be expected if this treatment is not provided *(specify):*

6. The risks of the treatment are: *(specify):*

Date*:* ▶ _____

☐ PHYSICIAN ☐ DENTIST ☐ OTHER *(specify):*

7. The undersigned ☐ Child Welfare Worker OR ☐ Deputy Probation Officer certifies as follows:
   a. The parents, guardians, and/or caretakers of the minor are:
      ☐ Mother or partner:

      ☐ Father or partner:

      ☐ Guardian:

      ☐ Caretaker:

b. ☐ The whereabouts of the parent, guardian, or caretaker are unknown and the following efforts have been made to locate them *(specify):*

c. ☐ The parent, guardian, or caretaker is incapable of authorizing the treatment for the following reasons *(specify):*

d. ☐ The parent, guardian, or caretaker is unwilling to authorize the treatment for the following reasons *(specify):*

e. ☐ This matter has been set for a hearing on *(specify):*

f. ☐ Notice of the application and hearing, if any, has been given or attempted as follows (attach separate sheet if necessary to describe attempts to provide notice) *(specify):*

e. ☐ Parental rights for the minor were terminated on *(Specify date)*: in action *(Specify case number)*:

Date*:*

▶ _____

☐ CHILD WELFARE WORKER ☐ DEPUTY PROBATION OFFICER ☐ OTHER *(specify):*

QIC: _____ _____

PHONE: _____ _____ _____

Date:

▶ _____

ATTORNEY FOR MINOR

8. The order for medical or dental care and treatment that has been recommended is ☐ GRANTED ☐ DENIED.

9. ☐ It is hereby ordered that the aforementioned physician or dentist is authorized to administer the medical, dental, surgical, or other remedial care for the minor as is described and recommended by the practitioner.

Date:

_____

(JUDICIAL OFFICER)

ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, State Bar number, and address*) TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS (*Optional):* ATTORNEY FOR *(Name):*	***FOR COURT USE ONLY***
SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER:	
DECLARATION AND APPLICATION FOR ACCESS TO JUVENILE COURT RECORDS	CASE NUMBER:

1. a. I declare that I am the

☐ parent or guardian OR ☐ Court Appointed Special Advocate OR ☐ Deputy District Attorney OR ☐ Other *(specify):*

of *(Specify minor's name):*

b. My name is: My address is: My telephone number is:

2. I am requesting ☐ inspection only OR ☐ inspection and copying of the following records *(specify):*

3. I understand that I may have to pay a reasonable fee for the cost of photocopying any requested documents.

4. I understand these records are confidential and can be used only for the purposes stated in this application.

5. I declare that the information in this application is true and correct and make this declaration under penalty of perjury under the laws of the State of California.

Date*:*

▶ _____

SIGNATURE

▶ _____

PRINT OR TYPE NAME

ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, State Bar number, and address*) TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS (*Optional):* ATTORNEY FOR *(Name):*	***FOR COURT USE ONLY***
SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME	
In the Matter of (Name of Child):	
FAMILY COURT STIPULATION AND ORDER DISMISSING JUVENILE COURT CASE	CASE NUMBER:

1. There is a related Family Court case involving the minor named above, Case No. *(specify):*
2. The parties have reached a stipulation for custody and/or visitation in the Juvenile Court matter, a copy of which is attached.
3. The parties agree that upon filing of the attached stipulation in the Family Court matter, this Juvenile Court matter may be ordered dismissed.

Date: ▶ _____

☐ Attorney for Petitioner ☐ Petitioner

Date: ▶ _____

☐ Attorney for Respondent ☐ Respondent

Date: ▶ _____

☐ Attorney for Minor

Date: ▶ _____

☐ Attorney for other *(specify):* ☐ Other *(specify):*

Good cause appearing, the foregoing stipulation of the parties is approved. The stipulation is ordered filed in the Family Court matter and upon signature of the judge assigned that matter, this Juvenile Court matter is ordered dismissed without prejudice.

Date:

▶ _____

(JUDICIAL OFFICER)