

## 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. Use of local forms is strongly encouraged.

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

Optional 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 the acceptance for filing of such documents (Local Rule 1.9).

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

<http://www.alameda.courts.ca.gov/Pages.aspx/Local-Forms>

Local Rules of the Superior Court of California, County of Alameda

**Appendix A  
LOCAL FORMS**

**Form No.**                      **Year**                                      **Title**                                      **[Rev. January 1, 2012]**

**ALTERNATIVE DISPUTE RESOLUTION (ADR)**

ALA ADR-001\*      1/1/2010      Stipulation to Attend Alternative Dispute Resolution (ADR) and Delay Initial Case Management Conference for 90 Days

**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

**FAMILY LAW**

ALA FL-002\*      1/1/2008      Stipulation and Order Appointing 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      1/1/2009      Declaration Regarding Notice for Ex Parte Application for Order

ALA FL-015-INFO\*      1/1/2009      Guidelines for Child Visitation Supervision

ALA FL-015\*      1/1/2009      Agreement for Child Visitation Supervision

ALA FL-021      1/1/2008      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\*      1/1/2012      Application and Order for Continuance of Hearing, Status Conference, or Case Resolution Conference

ALA FL-040      1/1/2008      Case Resolution Conference Questionnaire

ALA FL-041\*      1/1/2012      Status Conference Questionnaire

\* Adopted for mandatory use.

Local Rules of the Superior Court of California, County of Alameda

Form No. Year Title [Rev. January 1, 2012]

**FAMILY LAW (continued from page A – 2)**

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

**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

**MISDEMEANOR**

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

\* Adopted for mandatory use.

**LOCAL FORMS**

**ALTERNATIVE  
DISPUTE  
RESOLUTION  
(ADR)**

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

\_\_\_\_\_

(TYPE OR PRINT NAME)



\_\_\_\_\_

(SIGNATURE OF DEFENDANT)

Date:

\_\_\_\_\_

(TYPE OR PRINT NAME)



\_\_\_\_\_

(SIGNATURE OF ATTORNEY FOR DEFENDANT)

**LOCAL FORMS**

**ADOPTION**

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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address)</i>  TELEPHONE NO.: _____ FAX NO. <i>(Optional)</i> : _____ E-MAIL ADDRESS <i>(Optional)</i> : _____ ATTORNEY FOR <i>(Name)</i> : _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY</b>  STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
IN THE MATTER OF THE PETITION OF: Prospective Adoptive Parent <i>(name each)</i> : _____  Proposed Adoptee: _____	
<input type="checkbox"/> <b>ORDER OF ADOPTION OF ADULT</b> <input type="checkbox"/> <b>ORDER OF ADOPTION OF MARRIED MINOR</b>	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

**LOCAL FORMS**

**FAMILY LAW**

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

<i>(Name):</i>	<i>(E-mail):</i>
<i>(Address):</i>	<i>(Telephone):</i>
	<i>(Fax):</i>

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:

<i>(name of document):</i>	<i>(filing date):</i>
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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:
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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
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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	%
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  - 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:
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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:
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**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)

FOR COURT USE ONLY

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

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 ( <i>Name, State Bar number, and address</i> )  TELEPHONE NO.: _____ FAX NO. ( <i>Optional</i> ): _____ E-MAIL ADDRESS ( <i>Optional</i> ): _____ ATTORNEY FOR ( <i>Name</i> ): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY</b>  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER:	
<b>ORDER APPOINTING ACCOUNTING EXPERT</b> <input type="checkbox"/> By Stipulation <input type="checkbox"/> 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:
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- 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:

**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 ( <i>Name, State Bar number, and address</i> )  TELEPHONE NO.: _____ FAX NO. ( <i>Optional</i> ): _____ E-MAIL ADDRESS ( <i>Optional</i> ): _____ ATTORNEY FOR ( <i>Name</i> ): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY</b>  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER:	
<b>ORDER APPOINTING REAL ESTATE EXPERT</b> <input type="checkbox"/> <b>By Stipulation</b> <input type="checkbox"/> <b>After Hearing</b>	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:
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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 amount 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:

**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:
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**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 child(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:	CASE NUMBER:
RESPONDENT:	

**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:
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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 ( <i>Name, State Bar number, and address</i> )  TELEPHONE NO.: _____ FAX NO. ( <i>Optional</i> ): _____ E-MAIL ADDRESS ( <i>Optional</i> ): _____ ATTORNEY FOR ( <i>Name</i> ): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY</b>  STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER: _____ RESPONDENT: _____ OTHER: _____	
<b>DECLARATION REGARDING NOTICE FOR EX PARTE APPLICATION FOR ORDER</b>	CASE NUMBER: _____

1. I am the  attorney for the  petitioner  respondent  claimant  other joined party in this case.
  
2. Describe the nature of the ex parte order you are requesting:
  
3. Was notice of the ex parte application given to the opposing parties?  YES  NO.
  
4.  **(NOTICE GIVEN)** The opposing parties were notified of the relief sought and that the ex parte application would be submitted to the court on (*date*) \_\_\_\_\_, at (*time*) \_\_\_\_\_, as indicated below.
  - a. Notice was given to the  attorney for the  petitioner  respondent  claimant  other joined party.
  - b. Date and time of notification: \_\_\_\_\_.
  - c. Manner of notification:
    - (1) By telephone. Name of person you spoke to: \_\_\_\_\_.
    - (2) By letter  mailed  personally delivered on (*date*) \_\_\_\_\_, at (*time*) \_\_\_\_\_.  
(*Attach proof of service*)
    - (3) By fax (*specify fax number*) \_\_\_\_\_, which I know to be the fax number of the person served because (*specify*):  fax number shown on papers filed and served by the person.  Other (*specify*): \_\_\_\_\_.
    - (4) Other manner of notification (*specify*): \_\_\_\_\_.
  - d. Did you receive a response to the notice?  YES  NO. If yes, describe the response received:
  - e. Do you expect opposition to the application to be filed?  YES  NO.
  
5.  **(NOTICE NOT GIVEN)** Notice of the application was not given, for the reason(s) indicated below:
  - a.  Notice of the ex parte application would frustrate the purpose of the order sought, for the reason(s) described on the next page.
  - b.  The applicant would suffer immediate and irreparable harm before the opposing party could be heard in opposition (*explain the nature of the immediate and irreparable harm below*):

PETITIONER:  RESPONDENT:	CASE NUMBER:
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- c.  No significant direct burden or inconvenience to the opposing party will be likely to result from the order sought (*explain below*):
- d.  I made reasonable and good faith efforts to notify the opposing party and further efforts to give notice would probably be futile or burdensome (*explain below*):
- e.  Other (*specify*):

6. Explanation for answers in paragraph 5, if applicable:

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:

**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 visitation supervisor is required by law (see Penal Code section 11166) 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. A written report must be submitted 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 ( <i>Name, State Bar number, and address</i> )  TELEPHONE NO.: _____ FAX NO. ( <i>Optional</i> ): _____ E-MAIL ADDRESS ( <i>Optional</i> ): _____ ATTORNEY FOR ( <i>Name</i> ): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF ALAMEDA</b>  STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER: _____ RESPONDENT: _____ OTHER: _____	
<b>AGREEMENT FOR CHILD VISITATION SUPERVISION</b>	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

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

1. I (*name*): \_\_\_\_\_ declare that I am the attorney appointed to represent the minor in this action.
  
2. I have received \$ \_\_\_\_\_ in attorney's fees to date. This amount is at or over the payment cap in the Alameda County Bar Association's Civil Court Appointed Attorney Program rules.
  
3. In order to represent the minor(s) properly, I should perform the following additional services (*specify*):  
  
\_\_\_\_\_
  
4. To perform these services, the following hours of attorney time are required (*specify*):  
  
\_\_\_\_\_

Date: \_\_\_\_\_ \_\_\_\_\_  
ATTORNEY FOR MINOR

5. The request for attorney's fees over the cap is  GRANTED  DENIED.

6.  Additional fees not to exceed \$ \_\_\_\_\_ to be paid to the minor's counsel.

Date: \_\_\_\_\_  
(JUDICIAL OFFICER)

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

1. The parties agree that the resolved issues are:

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

2. 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 ( <i>Name, State Bar number, and address</i> )  TELEPHONE NO.: _____ FAX NO. ( <i>Optional</i> ): _____ E-MAIL ADDRESS ( <i>Optional</i> ): _____ ATTORNEY FOR ( <i>Name</i> ): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY</b>  STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER: _____	
<b>APPLICATION AND ORDER FOR CONTINUANCE OF</b> <input type="checkbox"/> <b>HEARING</b> <input type="checkbox"/> <b>STATUS CONFERENCE</b> <input type="checkbox"/> <b>CASE RESOLUTION CONFERENCE</b>	CASE NUMBER: _____

1. The parties request that the  hearing or  status conference or  case resolution conference  
 Set in Dept.    for                      (*Date*):                      at (*Time*):  
 be continued in that department to (*Date*):                      at (*Time*):
2. Availability of the requested date has been approved by the courtroom clerk and all parties agree to the terms of this application.
3. The parties agree that any existing temporary order previously issued by the court at the time of the filing of the subject motion, 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, should be submitted with this form.
4. The parties agree that if this request is granted,  Petitioner     Respondent     Other 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

Date: \_\_\_\_\_  
 ATTORNEY FOR     PETITIONER     RESPONDENT     OTHER

Date: \_\_\_\_\_  
 ATTORNEY FOR     PETITIONER     RESPONDENT     OTHER

5. The application for continuance of  hearing or  status conference is  GRANTED and the matter is continued to the date and time requested with temporary restraining orders other than those issued under the Domestic Violence Prevention Act continued to the same date and time; or, the application for continuance is  DENIED.
6. A request for reissuance of domestic violence prevention temporary orders was submitted with the above application. Under separate order, the reissuance was  GRANTED;  DENIED.

Date: \_\_\_\_\_  
(JUDICIAL OFFICER)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ATTORNEY FOR     PETITIONER     RESPONDENT     OTHER

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

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

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

2. Discovery

- a. Discovery remaining:  Interrogatories  Depositions  Document Production  Other (*specify*): \_\_\_\_\_
- b. Estimated completion of discovery (*date*): \_\_\_\_\_
- c. Other discovery issues (*specify*): \_\_\_\_\_

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

- a. Petitioner has served Respondent with  Preliminary  Final Declaration of Disclosure.
- b. Respondent has served Petitioner with  Preliminary  Final Declaration of Disclosure.

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

5.  Parties or counsel have met to discuss settlement. How many times in person (*specify*): \_\_\_\_\_ By phone (*specify*): \_\_\_\_\_

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

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

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

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

10. Other information that may be helpful to the court (*specify*): \_\_\_\_\_

Date \_\_\_\_\_ ▶ \_\_\_\_\_  
 ATTORNEY FOR  PETITIONER  RESPONDENT  OTHER

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

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)

**LOCAL FORMS**

**JUVENILE**

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar number, and address</i> )  TELEPHONE NO.: _____ FAX NO. ( <i>Optional</i> ): _____ E-MAIL ADDRESS ( <i>Optional</i> ): _____ ATTORNEY FOR ( <i>Name</i> ): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY</b>  STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
In the Matter of _____ (Name of Child): _____	
<b>APPLICATION AND ORDER TO CHANGE OR ADD A JUVENILE COURT DATE</b>	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
<input type="checkbox"/> a. The minor's attorney: (name) _____ <input type="checkbox"/> in person <input type="checkbox"/> by phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> b. The district attorney or county counsel: (name) _____ <input type="checkbox"/> in person <input type="checkbox"/> by phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> c. The probation officer or child welfare worker:(name) _____ <input type="checkbox"/> in person <input type="checkbox"/> by phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> d. The mother or partner's attorney: (name) _____ <input type="checkbox"/> in person <input type="checkbox"/> by phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> e. The father or partner's attorney: (name) _____ <input type="checkbox"/> in person <input type="checkbox"/> by phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> f. other ( <i>specify</i> :) (name) _____ <input type="checkbox"/> in person <input type="checkbox"/> by phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 ( <i>Name, State Bar number, and address</i> )  TELEPHONE NO.: _____ FAX NO. ( <i>Optional</i> ): _____ E-MAIL ADDRESS ( <i>Optional</i> ): _____ ATTORNEY FOR ( <i>Name</i> ): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY</b>  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER:	
<b>RECOMMENDATION, CERTIFICATION, AND ORDER FOR MEDICAL,                  SURGICAL, DENTAL, OR OTHER REMEDIAL CARE</b>	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 ( <i>Name, State Bar number, and address</i> )  TELEPHONE NO.: _____ FAX NO. ( <i>Optional</i> ): _____ E-MAIL ADDRESS ( <i>Optional</i> ): _____ ATTORNEY FOR ( <i>Name</i> ): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY</b>  STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER: _____	
<b>DECLARATION AND APPLICATION FOR ACCESS TO JUVENILE COURT RECORDS</b>	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 ( <i>Name, State Bar number, and address</i> )  TELEPHONE NO.: _____ FAX NO. ( <i>Optional</i> ): _____ E-MAIL ADDRESS ( <i>Optional</i> ): _____ ATTORNEY FOR ( <i>Name</i> ): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY</b>  STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
In the Matter of (Name of Child): _____	
<b>FAMILY COURT STIPULATION AND ORDER DISMISSING JUVENILE COURT CASE</b>	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)

**LOCAL FORMS**

**MISDEMEANOR**

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)*  
 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.

11

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

1 9. (Continued from page 2)

2 Count	Charge	Priors/Allegations	Maximum Sentence – Jail/ Fines
3			
4			
5			

6

7

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**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.

<b>SENTENCES FOR DRIVING IN VIOLATION OF A LICENSE SUSPENSION, REVOCATION OR RESTRICTION</b>		
<b>Vehicle Code Section</b>	<b>First Offense</b>	<b>Second or Subsequent Offense; Prior Convictions Within 5 Years of Sections 14601, 14601.1, 14601.2 or 14601.5</b>
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 <b>additional 180 days jail</b> and pay an <b>additional \$2,000 fine</b> 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. <b>Note:</b> Vehicle Code section 14601.3 also constitutes a prior conviction for this offense.
<b>Section</b>	<b>First Offense</b>	<b>Second or Subsequent Offense; Prior Convictions Within 7 Years of Section 14601.3</b>
14601.3	Jail: 30 days. Fine: \$1,000 plus penalty assessments.	Jail: 180 days. Fine: \$2,000 plus penalty assessments.
<b>SENTENCE FOR DRIVING WITHOUT A VALID LICENSE [VEHICLE CODE SECTION 12500(a)]</b>		
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.

<b>BASIC CONSEQUENCES FOR CONVICTION OF VEHICLE CODE SECTION 23152 (a) and (b)</b>		
<b>Offense</b>	<b>Sentence With No Probation</b>	<b>Sentence With 3 to 5 Years Probation</b>
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.
<b>BASIC CONSEQUENCES FOR CONVICTION OF VEHICLE CODE SECTION 23153 (a) and (b)</b>		
<b>Offense</b>	<b>Sentence With No Probation</b>	<b>Sentence With 3 to 5 Years Probation</b>
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.

<b>BASIC CONSEQUENCES FOR CONVICTION OF VEHICLE CODE SECTION 23103 / 23103.5</b>		
<b>Offense</b>	<b>Sentence With No Probation</b>	<b>Sentence With Up to 3 Years Probation</b>
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.
<b>BASIC CONSEQUENCES FOR CONVICTION OF VEHICLE CODE SECTION 23152 (a) and (b)</b>		
<b>Offense</b>	<b>Sentence With No Probation</b>	<b>Sentence With 3 to 5 Years Probation</b>
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.
<b>BASIC CONSEQUENCES FOR CONVICTION OF VEHICLE CODE SECTION 23152 (a) and (b)</b>		
<b>Offense</b>	<b>Sentence With No Probation</b>	<b>Sentence With 3 to 5 Years Probation</b>
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, 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)