

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*):
- 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.
- f. Case management under Family Code section 2450 et seq. is requested by  Petitioner  Respondent  Other.
- g. 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)