ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address)			FOR COURT USE ONLY
TELEPHONE NO.:	FAX NO. (Optional):		
E-MAIL ADDRESS (Optional):	(
ATTORNEY FOR (Name):			
SUPERIOR COURT OF CALIFORNIA, ALAMED	DA COUNTY		
STREET ADDRESS:			
MAILING ADDRESS: CITY AND ZIP CODE:			
BRANCH NAME			
PETITIONER/PLAINTIFF:			
RESPONDENT/DEFENDANT:			
OTHER:			
OTTIEK.			
DECLIFOT FOR 040F DE		0=	CASE NUMBER:
REQUEST FOR CASE RE	SOLUTION CONFEREN	CE	
All parties have been served or have appropriate the served or have a s	eared.		
2. Petitioner's preliminary declaration of disc	closure was served on:	and the Declarati	on of its service filed on:
Respondent's preliminary declaration of d		and the Declarati	on of its service filed on:
respendence promining designation of s	11001000110 Was 501 Vod 511.	and the Boolandt	on or no convice med on.
3. All necessary discovery is complete or will be completed within 60 days.			
4. The disputed issues to be litigated are (sp	pecify:)		
5. The estimated time for trial (specify hours	s or days):		
Date:			
		☐ ATTORNEY FOR ☐ PE	ETITIONER RESPONDENT OTHER