

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>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER: _____	
STIPULATION AND ORDER FOR VOLUNTARY SETTLEMENT CONFERENCE	CASE NUMBER: _____

1. The parties and attorneys signing this form declare that:

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

 We prefer to have the settlement conference set on (*list dates that are preferred*):
- d. The settlement conference shall address: all issues following issues (*specify*):
- e. Discovery on the issues identified in 1d is completed; will be completed at least 14 days prior to the conference; is being deferred to see if settlement can be accomplished without incurring costs for discovery.
- f. The parties will comply with Local Rules regarding the submission of Settlement Conference Statements.

Date: _____
 ATTORNEY FOR PETITIONER RESPONDENT OTHER

Date: _____
 ATTORNEY FOR PETITIONER RESPONDENT OTHER

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

Date: _____
(JUDICIAL OFFICER)