MFL-143

				IVI F L- 14
AT	TORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COUR	T USE ONLY	
	TELEPHONE NO: FAX NO. (Optional) E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):			
SU	PERIOR COURT OF CALIFORNIA, COUNTY OF MENDOCINO	CASE NUMI	BER:	
	ADDRESS: CITY AND ZIP CODE: BRANCH NAME:			
PET	TITIONER/PLAINTIFF:	☐ Request for	or Trial Coun	ter Request
RES	SPONDENT/DEFENDANT:			
	REQUEST FOR TRIAL – Family Law			
	Dissolution	Termination of	of Parental Rights	
	Other Family Law:			
1.	How long will your trial take (estimate)?	Hours/l	Days (circle one)	
2.	Check the Issues on which you and the other party disagree or need orders: ☐ Child Support ☐ Spousal Support ☐ Arrearages ☐ Property Characterization ☐ Property Valuation ☐ Property Valuation ☐ Property Division ☐ Reimbursement ☐ Date of Separation ☐ Attorney's Fees & Costs ☐ Other: ☐			
3.		uired/reques ions	ted in this case Document	Production
4.		es only): eclarations o eclarations o Yes		
5.	Do you want a Trial on separate issues (a separate trial for each issue that the parties of	lisagree on)?		
	□ Yes □ No			
	If yes, what issues:			
6.	Have you and the other party and/or your attorneys met to discuss settlement?	□ Yes	□ No	
7.	Is the Department of Child Support Services involved on the issue of child support?	□ Yes	□ No	
	If yes, which county? FSB Number:	_		
	Court case number (if different from this case):			

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ate:					
		☐ Attorney	☐ Petitioner	☐ Respondent	□ Othe
serve	ed a copy of the At Issue Memorandum/R	equest for Trial in a s	ealed envelope as follow	S:	
)	Mailed from (City):		(State):		
			_ ` /	_	
)	On (date):				
	On (date): To (name and address of the person set				
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