

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF PLACER STREET ADDRESS: 10820 JUSTICE CENTER DRIVE MAILING ADDRESS: P.O. BOX 619072 CITY AND ZIP CODE: ROSEVILLE, CA 95661-9072 BRANCH NAME: BILL SANTUCCI JUSTICE CENTER	
PETITIONER: RESPONDENT:	
FAMILY LAW STIPULATION AND ORDER SETTING TRIAL DATES	CASE NUMBER: _____
TRIAL SETTING CONFERENCE: <p style="text-align: right;">DATE: _____ TIME: _____ DEPT: _____</p>	

1. PARTIES AND ATTORNEYS. I am Petitioner Respondent Other: _____
 Attorney for: _____

2. IT IS STIPULATED by Petitioner and Respondent that the following trial dates be set in the above-mentioned case:

a. TRIAL DATE: _____ LENGTH OF TRIAL: _____

- (1) TRIAL ISSUES: CHILD CUSTODY VISITATION CHILD SUPPORT SPOUSAL SUPPORT
 PROPERTY DIVISION DIVISION OF DEBTS EPSTEIN CREDITS WATTS CHARGES
 ATTORNEY'S FEES OTHER: _____

b. TRIAL CONFIRMING CONFERENCE (TCC): _____

c. MANDATORY SETTLEMENT CONFERENCE (MSC): _____

d. The parties have filed this stipulation **two (2) court days prior** to the Trial Setting Case Management Conference.

e. If the parties cannot agree to the trial dates, then the parties are required to appear.

The Petitioner and Respondent 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 PETITIONER

(TYPE OR PRINT NAME)

SIGNATURE OF PETITIONER'S ATTORNEY

(TYPE OR PRINT NAME)

SIGNATURE OF RESPONDENT

(TYPE OR PRINT NAME)

SIGNATURE OF RESPONDENT'S ATTORNEY

ORDER

3. IT IS SO ORDERED.

Date:

JUDICIAL OFFICER