TORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, address):		FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional):		
EMAIL ADDRESS: ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	CONTRA COSTA	
STREET ADDRESS:		
MAILING ADDRESS: CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONER:		
RESPONDENT:		
REQUEST FOR CASE MANAGEMENT CONFERENCE		CASE NUMBER:
I am the Petitioner / Respondent / Other (specify):_ referenced case and hereby request that the Court		
2. This is a case for: ☐ Dissolution of Marriage or Do	omestic Partnership 🗆 L	egal Separation of Marriage or
Domestic Partnership ☐ Annulment (Nullity) ☐ Pa	rentage Other (Speci	ify):
Petitioner:	l '	
Attorney (if applicable):	Attorney (if applicable): Address:	
Address:	Address:	
Telephone No.:	Telephone No.:	
(For additional parties, please attach a separate sheet.)		
FOR DISSOLUTION / LEGAL SEPARATION / AN	INULMENT CASES O	NLY:
3. On (date), PETITIONER filed form FL-141, Declaration Regarding Service of Declaration of Disclosure and Income and Expense Declaration, stating that their mandatory preliminary declaration of disclosures were served on the other party, pursuant to Family Code section 2104, OR		
☐ PETITIONER'S requirement to serve their prelion (date order filed).	minary declaration of dis	closure was waived by the Court
 On (date), RESPONDENT filed form FL-141, Declaration Regarding Service of Declaration of Disclosure and Income and Expense Declaration, stating that their mandatory preliminary declaration of disclosures were served on the other party, pursuant to Family Code section 2104, OR 		
☐ RESPONDENT'S requirement to serve their proof on (date order filed).	eliminary declaration of c	disclosure was waived by the Court
I hereby represent to the Court that all essential parties h matter and it is necessary to set a Case Management Co		
e: Print name:		
Signature:		
•		espondent Other Party