ATTORNEY 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:			
PLAINTIFF/PETITIONER:			
DEFENDANT/RESPONDENT:			
CASE MANAGEMENT CONFERENCE STATEMENT (Local Rule 5.6) Petitioner Respondent Other:	CASE NUMBER:		
	CONFEDENCE COMPLETE THE		
AT LEAST 7 CALENDAR DAYS BEFORE YOUR CASE MANAGEMENT FORM, FILE IT AND SERVE IT ON ALL PARTIES.	CONFERENCE COMPLETE THIS		
1. STATISTICAL INFORMATION			
a. Date of marriage:			
b. Date of separation: If disputed – Petitioner's proposed date: Respondent's proposed date:			
c. Date petition filed:			
d. Date of service:			
e. Date response filed:			
2. CHILD CUSTODY / VISITATION ☐ Not applicable (if no minor children)			
a. Are there current custody/visitation orders? \square Yes \square No			
IF YES: Date of current order: Brief description of orders (e.g. alternate weeks,			
every other weekend, supervised visits):			
Does either party request a change in the current order?	□ Yes □ No		
IF NO: Do the parties agree on a custody/visitation arrangement? ☐ Yes ☐ No			
b. Is it anticipated that a custody evaluation will be required? \square Yes \square No			
3. CHILD SUPPORT ☐ Not applicable (if no minor children)			
a. Is there a current child support order? ☐ Yes ☐ No			
IF YES: Date of current order: Amount ordered:	\$ per month		
Is there an Income Withholding Order in effect? ☐ Yes			
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CASE NAME:	CASE NUMBER:		
	Does either party request a change to the current order? ☐ Yes ☐ No		
	If yes, brief reason for the modification:		
	IF NO: Do the parties agree on a child support amount? ☐ Yes ☐ No		
b.	Is there an open case with the Department of Child Support Services (DCSS)? ☐ Yes ☐ No		
C.	What is the date of filing of each party's most recent Income and Expense Declaration (FL-150)?		
	Petitioner's: Respondent's:		
d.			
	If yes, amount claimed to be owed: \$ (or) amount claimed overpaid: \$		
4. SPOUS	SAL SUPPORT		
a.	Is there a current spousal support order? \square Yes \square No		
	IF YES: Date of current order: Amount ordered: \$ per month		
	Does either party request to change or terminate the current order? $\ \square$ Yes $\ \square$ No		
	If yes, brief reason for the modification or termination:		
	IF NO: Do the parties agree on a spousal support award? ☐ Yes ☐ No		
	Is either party seeking an award of spousal support? \square Yes \square No		
	If yes, amount requested: \$ payable to □ Petitioner □ Respondent		
b.	. What is the date of filing of each party's most recent Income and Expense Declaration (FL-150)?		
	Petitioner's: Respondent's:		
C.	. Is either party claiming spousal support arrearages or over-payment? $\ \square$ Yes $\ \square$ No		
	If yes, amount claimed to be owed: \$ (or) amount claimed overpaid: \$		
d.	. Is Petitioner currently employed? ☐ Yes ☐ No Is Respondent currently employed? ☐ Yes ☐ No		
e.	Are you requesting that a $Gavron$ warning be issued to the other party? \square Yes \square No		
5. PROPE	ERTY		
a.	Do the parties have any community property to divide? \square Yes \square No		
	IF YES: Real property: FMV: Debt owed:		
	Pensions/retirement plans:		
	Stock/stock options:		
	Vehicles:		
	Gold/jewelry:		
	Other property valued above \$5,000.00:		

CASE NAME	:	CASE NUMBER:	
b	. Are there community debts? \square Yes \square No		
	IF YES: Credit card debt:		
	Student loans:		
	Tax liabilities:		
	Promissory notes:		
	Other debts exceeding \$1,000.00:		
С	Have real property appraisals been completed? \square Yes \square No \square Not applicable		
d	Have pensions/retirement plans been joined (if joinder is required)? \square Yes \square No \square Not applicable		
е	Is there a dispute over the valuation date of any asset? \square Yes \square No		
f.	Does either party claim any significant separate property assets? \square Yes \square No		
	IF YES, state the nature and extent of said assets:		
g	Is either party requesting reimbursement for payments made on community debt or use of community		
	property? \square Yes (Amount requested: \$) \square No		
h	. Does either (or both) party/ies have an ownership interest in a busing	Does either (or both) party/ies have an ownership interest in a business? \square Yes \square No	
	IF YES: Does the community have an interest in the business?		
	Is there a dispute as to the value of the community's in	terest? Yes No	
6. DISC	OVERY		
а	. Discovery remaining: ☐ Interrogatories ☐ Depositions ☐ Docume	ent production Motion to compel	
b	. Estimated date of completion:		
С	. Are experts retained or expected to be retained? \square Yes \square No		
	IF YES, what is the nature of the expertise of the expert(s)? \Box Chil	d Custody Evaluator	
	☐ Real Estate Appraiser ☐ Accountant ☐ Business valuator ☐ \	ocational evaluator	
	☐ Other (specify):		
	Are (or will) the above experts be appointed under Evidence Code	section 730? ☐ Yes ☐ No	
d	. Other discovery to be undertaken (specify):		
7. DECI	_ARATION OF DISCLOSURE (for dissolution, legal separation, or	nullity cases only)	
а	. Petitioner has served Respondent with \square preliminary \square final decl	aration of disclosure	
b	. Respondent has served Petitioner with \square preliminary \square final decl	aration of disclosure	
8. OTHI	≣R		
	a. \square Party intends to request bifurcation of the following issue(s) (s	specify):	

CASE NAME:		CASE NUMBER:	
b.	☐ Parties or counsel have met to disc	cuss settlement: Yes No	
İ	How many times in person (specify):	by phone / remote (specify):	
C.	Estimated time for trial (specify hours	or days):	
d.	Non-expert witnesses (number):	(names):	
e.	Expert witnesses (number):	(names):	
f.	Is there an active Domestic Violence Restraining Order in this case? ☐ Yes ☐ No ### IF YES: Protected party/person(s) (specify):		
	Date filed: Expiration da	te:	
Please a	nttach all case management orders ye	ou request be made.	
Date:	Print name:		
	Signature:		
		☐ Attorney for: ☐ Petitioner ☐ Respondent ☐ Other Party	