

REQUEST FOR TRIAL SETTING



**LEGAL AID
FOUNDATION
OF LOS ANGELES**

How-To Guide

Self-Help Legal Access Centers

Santa Monica	Inglewood	Torrance	Long Beach
1725 Main St., Room 210 Santa Monica, CA 90401	1 East Regent St., Room 107 Inglewood, CA 90301	825 Maple Ave., Room 160 Torrance, CA 90503	275 Magnolia Ave., Room 3101 Long Beach, CA 90802

March 2020

This guide is designed to help you fill out the forms yourself. It is not intended to provide legal advice nor strategy as to how to complete the case. The information provided in this packet only presents options and examples. This is not a substitute for professional legal advice from an attorney.

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intentionally blank.**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): PRINT YOUR NAME , ADDRESS AND PHONE NUMBER	RESERVED FOR CLERK'S FILE STAMP
TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name) : PRINT "SELF-REPRESENTED"	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES	
COURTHOUSE ADDRESS: PRINT THE COURT'S ADDRESS	
PETITIONER/PLAINTIFF: PRINT THE PETITIONER'S NAME	
RESPONDENT/DEFENDANT: PRINT THE RESPONDENT'S NAME	
<input checked="" type="checkbox"/> REQUEST FOR TRIAL SETTING FAMILY LAW <input type="checkbox"/> FIRST <input type="checkbox"/> COUNTER <input type="checkbox"/> AMENDED	CASE NUMBER: PRINT THE CASE NUMBER
	DATE PETITION FILED PRINT THE DATE THE CASE WAS FILED

I hereby represent to the court that this case is ready for trial, and request that it be

Check all the issues you want to discuss at trial. If the topic is not listed, briefly describe matter in "Other (specify)"

- 1) TYPE OF ISSUE(S): (Check all that apply) ←
- Dissolution Nullity Legal Separation Paternity
 Child Custody Child Support Spousal Support Domestic Violence
 Other (specify): _____

- 2) Time estimate for trial: ← hours days.
- No case will be set for trial as a short cause matter unless ALL PARTIES join in the time estimate.
 Silence will be deemed as joining.

Estimate the time for your trial. Most cases need about 1 hour. _____ day) or less.

- 3) If child custody or visitation is an issue in this proceeding, Family Code Section 3170 requires mediation before or concurrently with the hearing.
- Parties have been ordered to attend child custody mediation.
- Date: _____ Time: _____

You MUST check this box and get a mediation appointment IF your case involves children. The court will require you to get a mediation appointment at the time of filing this form and have it served on the other party.

- 4) All attorneys of record or parties representing themselves are _____ Respondent/Defendant)

ATTORNEY FOR / OR PLAINTIFF / PETITIONER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; padding: 5px;"> PRINT PETITIONER'S NAME </td> <td style="width:30%; padding: 5px;"> STATE BAR NUMBER </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> TRIAL ATTORNEY PRINT "SELF-REPRESENTED" IF THERE IS NO ATTORNEY </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> NAME OF FIRM PRINT PETITIONER'S ADDRESS IF THERE IS NO ATTORNEY </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> ADDRESS ATTORNEY PRINT RESPONDENT'S NAME </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> TRIAL ATTORNEY PRINT "SELF-REPRESENTED" IF THERE IS NO ATTORNEY </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> NAME OF FIRM PRINT RESPONDENT'S ADDRESS IF THERE IS NO ATTORNEY </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> ADDRESS TELEPHONE </td> </tr> </table>	PRINT PETITIONER'S NAME	STATE BAR NUMBER	TRIAL ATTORNEY PRINT "SELF-REPRESENTED" IF THERE IS NO ATTORNEY		NAME OF FIRM PRINT PETITIONER'S ADDRESS IF THERE IS NO ATTORNEY		ADDRESS ATTORNEY PRINT RESPONDENT'S NAME		TRIAL ATTORNEY PRINT "SELF-REPRESENTED" IF THERE IS NO ATTORNEY		NAME OF FIRM PRINT RESPONDENT'S ADDRESS IF THERE IS NO ATTORNEY		ADDRESS TELEPHONE	
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If the other party is represented by an attorney, print the attorney's name, name of the law firm and law firm's address.

(NAME) PETITIONER/PLAINTIFF: PRINT PETITIONER'S NAME	CASE NUMBER: PRINT THE CASE NUMBER
(NAME) RESPONDENT/DEFENDANT: PRINT RESPONDENT'S NAME	
OTHER PARENT:	

PROOF OF SERVICE OF REQUEST FOR TRIAL SETTING FAMILY LAW

GENERAL INFORMATION

- 1) Any party not in agreement with the information or estimates given in a Request for Trial Setting shall, within 10 days after the service thereof, serve and file a Request for Trial Setting on his/her own behalf.
- 2) Motions to Strike a defective or premature Request for Trial Setting, supported by Affidavit or Declaration, shall be made on regular notice for hearing, in the court designated to hear such motions, and shall be served and filed within 10 days after service of the Request for Trial Setting.

In Central District: Such motions are usually heard in the assigned direct calendar department. See Local Rules for dates and time to set hearing and for exceptions thereto.

In All Other Districts: Verify local practice with staff in the particular district as to the appropriate department, day, place and hour for hearing of such motions.

The undersigned represents that all essential parties have been served with process or have appeared herein.

Dated: **PRINT THE DATE**

PRINT YOUR SIGNATURE

(SIGNATURE)

Attorney for: **PRINT "SELF REPRESENTED"**

PROOF OF SERVICE BY MAIL

I am over the age of eighteen years and not a party to the within entitled action; my residence referenced herein occurred is:

PRINT THE NAME AND ADDRESS OF THE PERSON MAILING THE FORM

I am familiar with the business practices for collection and processing of correspondence for at the aforementioned address, and a true copy of the within Request for Trial Setting was placed in the mailbox and deposited for collection and mailing on _____, following such _____ to cause it to be deposited with the United States Postal Service that same day in the ordinary course of business addressed to all attorneys or parties representing themselves shown on the Request for Trial Setting (e) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

This must be filled out and mailed by someone over the age of 18 and not a party to this case. This person is declaring under penalty of perjury that a completed copy of this form was mailed to the other party

Print the date the form was mailed

Executed on **PRINT THE DATE**

PRINT THE NAME OF THE PERSON WHO MAILED THE FORM

SIGNATURE OF PERSON WHO MAILED THE FORM

(TYPED OR PRINTED NAME)

(SIGNATURE)