Petición Para Llevar el Caso de Familia a Juicio

(Trial Setting How-To)

LEGAL AID FOUNDATION OF LOS ANGELES

Guía

Centro de Acceso de Auto-Ayuda Legal

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

Mayo 2021

Esta guía está diseñado para ayudarle a usted en llenar los formularios usted mismo. No tiene la intención de proporcionar asesoramiento legal, ni la estrategia de como completar el caso. La información proporcionada en este paquete solo presenta opciones y ejemplos. Esto no es un substituto para el consejo legal profesional de un abogado.

Esta página está en blanco intencionadamente

NAME, ADDRESS AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY:	STATE BAR NUMBER	*Reserved for Clerk's File Stamp*
Escriba su nombre **Escriba su dirección** **Escriba su número de teléfono** ATTORNEY FOR (NAME): **Escriba "Self-Represented"**		

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

COURTHOUSE ADDRESS: **Escriba la dirección de la corte**

PETITIONER / PLAINTIFF: **Escriba el nombre del Demandante**

RESPONDENT / DEFENDANT: **Escriba el nombre del Demandado**

REQUEST FOR TRIAL SETTING FAMILY LAW

☒ FIRST ☐ COUNTER ☐ AMENDED

CASE NUMBER: **Escriba el número de caso**

DATE PETITION FILED: **Fecha cuando la petición fue archivado**

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

En el #1 marque las casillas de todos los temas que quiere hablar en corte. Esto le informa a la corte y a la otra parte de lo que no está de acuerdo.

1) TYPE OF ISSUE(S): *(Check all that apply)*

☐ Dissolution ☐ Nullity ☐ Legal Separation ☐ Paternity ☐ Visitation ☐ Injunctive Order

☐ Child Custody ☐ Child Support ☐ Spousal Support ☐ Division of Property ☐ Attorney Fees and Costs

☐ Other (specify): _____

Estime cuando tiempo necesita para el juicio. La mayoría de los casos necesitan aproximadamente una hora.

2) Time estimate for trial: _____ hours _____ days.
No case will be set for trial as a short cause matter unless ALL PARTIES join in estimate of trial time of 5 hours (1 day) or less. Silence will be deemed as joining.

Debe marcar esta casilla si su caso involucra a niños.

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 services as follows:

La corte la dará una fecha de mediación si el caso involucra niños. Debe asistir a la cita de mediación.

Date: **Dejar en blanco** Time: **Dejar en blanco** Address: **Dejar en blanco**

4) All attorneys of record or parties representing themselves are listed below: (indicate whether attorney for Petitioner / Plaintiff or Respondent / Defendant)

ATTORNEY FOR / OR PLAINTIFF / PETITIONER

Escriba el nombre del Demandante | | | | |
TRIAL ATTORNEY STATE BAR NUMBER

Escriba "Self-Represented"
NAME OF FIRM TELEPHONE

Escriba la dirección del Demandante
ADDRESS

ATTORNEY FOR / OR DEFENDANT / RESPONDENT

Escriba el nombre del Demandado | | | | |
TRIAL ATTORNEY STATE BAR NUMBER

Escriba "Self-Represented"
NAME OF FIRM TELEPHONE

Escriba la dirección del Demandado
ADDRESS

ATTORNEY FOR

| | | | | |
TR ER
NA
AD

*****Si la otra parte tiene un abogado, incluya el nombre del abogado, el nombre del bufete de abogados, y la dirección del bufete de abogados. *****

(NAME) PETITIONER / PLAINTIFF: **Escriba el nombre del Demandante**	CASE NUMBER **Escriba el número de caso**
(NAME) RESPONDENT / DEFENDANT: **Escriba el nombre del Demandado**	
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 day after the service thereof, serve and file a Request for the Trial Setting on his/her own behalf.

2) Motions to Strike a defective or premature Request for Trial Setting, suppored 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: **Escriba la Fecha** 20 _____. _____ **Su firma** (Signature)

Attorney For: **Escriba "Self-Represented"**

!Importante! Una persona mayor de 18 años que no es parte de este caso y que no sea usted, envía por correo una copia de este documento a la otra parte.

PROOF OF SERVICE BY MAIL

I am over the age of eighteen years and not a party to the within entitled action; my residence/employment address where the mailing reference herein occured is:

Escriba la dirección de la persona que envió los documentos a la otra parte

I am familiar with the business practices for collection and processing of correspondence for mailing with the United States Postal Service at the aforementioned address, and a true copy of the within Request for Trial Setting was placed in a a sealed envelope, postage prepaid, and deposited for collection and mailing on **Fecha de envió**, 20 _____, following such business practices, and in such manner as 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 in Part 4. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on **Fecha cuando la persona que envió por correo firmó**

Nombre de la persona que envió los documentos por correo

(TYPED OR PRINTED NAME)

Firma de la persona que envió los documentos por correo

(SIGNATURE)