	Attorney or Party without attorney (Name and Address) Telep	phone No.:			
	Attorney for:				
	NAME OF COURT: SUPERIOR COURT OF CALIFORNIA, COUNT	Y OF SHASTA			
	Mailing Address Street Address 1515 Court Street, Room 110				
- '	Redding, CA 96001				
	Branch Name:				
Ι.	DI AINITIEE/DETITIONED				
	PLAINTIFF/PETITIONER:				
	DEFENDANT/RESPONDENT:				
	FAMILY LAW AT-ISSUE MEMORANDI	U M	CASE NO.		
[☐ Counter At Issue ☐ Amended				
1.	I represent to the court that all parties have been served with	process and have	appeared. I request that this case		
	be set for trial.				
2.	2. Petitioner's Declaration Regarding Service of Declaration of Disclosure and Income and Expense Declaration was				
^	filed on				
3.	3. Respondent's Declaration Regarding Service of Declaration of Disclosure and Income and Expense Declaration				
4	was filed on I estimate that the trial will take hours.				
	I am not available on the following dates (specify dates and re	eason for unavaila	bility):		
-					
6. I am requesting a settlement conference.					
7. The names, addresses, and telephone numbers of the attorneys for the other parties, or the parties without					
	attorneys, are shown below.				
	☐ Additional names and addresses on reverse				
I he	reby represent to the court that all essential parties have been served with pro	ocess or have appeared	d herein and that this case is at issue as to all		
	h parties; that no amended or supplemental complaint or cross-complaint or o other parties will be served with a summons prior to the time of trial, and I know				
	·	·			
I ce	rtify under penalty of perjury under the laws of the State of California that the	foregoing is true and co	orrect.		
	Date				
	Date: Type or Print Name (Sign	nature of Declarant)			
	,, , , , , , , , , , , , , , , , , , ,	,			
FOR COURT USE ONLY					
			CE DATE		
	DATE ANSWER/RESPONSE FILED	STATUS CONFEREN	OE DATE		
	DATE DDELIMINADY DECLARATION OF DIGGLOCAURE FILED	DATE MOTICE MANY	D		
	DATE PRELIMINARY DECLARATION OF DISCLOSURE FILED	DATE NOTICE MAILE	ט		

PROOF OF SERVICE BY MAIL

PETITIONE	R:		CASE NUMBER:		
RESPONDE					
Proof of Ser Memorandu	rvice by M ım. Give	fail. An unsigned copy of the At-Issue Memorandum a	th this At-Issue Memorandum, have the person who mailed the form complete this the Proof of Service by Mail should be completed and served with the At –Issue and the completed Proof of Service by Mail to the clerk for filing. If you are nese papers and sign the Proof of Service by Mail.		
1.	1. I am over the age of 18 and not a party to this case. I am a resident of or employed in the county where the mailing took place.				
2.	My residence or business address is (specify):				
3.	I served the At-Issue Memorandum by enclosing a copy in an envelope addressed to all parties appearing in case as shown in such memorandum AND				
	A.	depositing the sealed e	envelope in the United States mail on the date and at the place shown in item 3c aid.		
	B. placing the envelope for collection and mailing on the date and the place shown in item 3c following ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.				
	C.	(1) Date mailed:			
		(2) Place mailed (city and	I state):		
declare un	der penal	lty of perjury under the laws	of the State of California that the foregoing is true and correct.		
Date:			_		
(TYPE OR PRINT NAME)			(SIGNATURE OF PERSON WHO MAILED FORM)		
		NAME AND ADDRESS	S OF EACH PERSON TO WHOM NOTICE WAS MAILED		
		<u>NAME</u>	Address (number, street, city and zip code)		