NAME, STATE BAR NO., ADDRESS & TELEPHONE NO. OF ATTORNE	Y OR FOR COURT USE ONLY	
UNREPRESENTED PARTY		
Attorney for:		
·		
TRINITY COUNTY SUPERIOR COURT		
11 COURT STREET PO BOX 1258		
WEAVERVILLE, CA 96093	CASE NO.	
WEITVERVIELE, CIT 70073		
	NATURE OF CASE	
PETITIONER:	Dissolution	
	Uniform Parentage Act	
	UIFSA	
RESPONDENT:	Legal Separation	
RESI ONDERVI.	Domestic Violence	
	DCSS	
AT ISSUE MEMORANDUM	Nullity	
AT ISSUE MEMORANDUM	UCCJEA	
Counter At Issue Amended	Guardianship (Custody)	
What date was the action filed?	<u>_</u>	
2. What date was the first response: served		
3. Has the Respondent appeared in this case?	_	
4. Is the matter at issue? Will bifurcation be re	equested?	
5. Date of last settlement attempt:		
6. Is a settlement conference requested?	<u> </u>	
7. Is a court reporter requested for the Trial?		
a. Litigants are responsible for the court reporter fe		
8. Dates NOT available for Trial Setting Case Management	Conference:	
9. Estimated time for trial:		
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Indicate below, names of party being represented, names and	state bar numbers of trial counsel. If self-representing, please	
indicate address and telephone number:		
Petitioner	Respondent	
Attorney	Attorney	
Attorney's State Bar No.	Attorney's State Bar No.	
Address	Address	
Telephone No.	Telephone No.	
Claimant	Other	
Attornev	AHOHEV	
Attorney's State Bar No.	Attorney's State Bar No.	
Address	Address	
Telephone No.	Telephone No	
I hereby represent to the court that all essential parties have been serve		
as to all such parties; that no amended or supplemental complaint or c		
that to my knowledge no other parties will be served with a summons	prior to the time of trial, and I know of no further pleading to be	
filed.		
Date:Signatur	re	

ANY PARTY NOT IN AGREEMENT WITH THE INFORMATION OR ESTIMATES GIVEN IN AT ISSUE MEMORANDUM SHALL WITHIN TEN DAYS AFTER SERVICE THEREOF SERVE AND FILE A MEMORANDUM IN HIS/HER BEHALF.

	norandum by depositing a copy thereof (enclosed in a tited States Mail, addressed to each party or to his at	1 () /	
memoranda, on	at	, California.	
	as at least 18 years of age, (employed/residing)not a party to the action. My (residence/business) ac		
Date	(Signature of declarant)		
	(Type or print name)		

READ THE FOLLOWING INSTRUCTIONS BEFORE FILLING OUT THE FORM

- 1. Type or write legibly in ink. Provide all information requested.
- Please provide dates NOT available for Trial Setting Case Management Conference in the appropriate box commencing one month from filing of "At-Issue."
 If no Counter At Issue submitted within 10 days after receipt of the At Issue, the court will set Trial Setting

Case Management Conference date pursuant to dates provided in the At Issue.

- 3. Date and sign the request at the bottom.
- 4. Mail a copy to all parties. If no proof of service is attached to the At Issue, the document will be returned.
- 5. Submit this form and the proof of service with a self-addressed, stamped envelope by delivering it in person or by mail to:

Trinity County Court Services 11 Court Street, PO Box 1258 Weaverville, CA 96093

- 6. The court will notify the parties of the date set for the Trial Setting Case Management Conference. Parties need to appear PERSONALLY, unless they are represented by counsel.
- 7. This form must be filed with the Court in order for a trial to be set.