

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and Address): TELEPHONE NO.: _____ FAX NO.(Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO Family Law Department, Central Division 1130 'O' Street Fresno, California 93721 (559) 457-2100	
REQUEST FOR <input type="checkbox"/> STATUS <input type="checkbox"/> FAMILY CENTERED CASE RESOLUTION CONFERENCE	CASE NUMBER: _____

**This form is to be used only to request a specific case resolution plan and/or case management orders.
The conference is not intended to be an evidentiary hearing.**

1. This conference is being requested for the following reasons:

2. Declaration

A copy of this *Request for Status or Family Centered Case Resolution Conference*, including a completed *Case Information-Family Law* form and an envelope with sufficient postage, was provided to the court clerk, with the envelope addressed as follows (address of the other party's attorney or, if none, the party's last known address):

I declare under penalty of perjury under the laws of the State of California the forgoing is true and correct.

Date: _____

(TYPE OR PRINT NAME) /S/ _____
(SIGNATURE OF DECLARANT)

For Court Use Only	
Request for Status or Family Centered Case resolution Conference mailed to the non-requesting party on (date): _____	
The above case has been set on the calendar in Department _____ on _____ at _____ at the B. F. Sisk Courthouse	
Requesting party notified on _____	DAWN ANNINO, COURT EXECUTIVE OFFICER
By: _____, Deputy Clerk	

Note: If you need an interpreter, bring an adult who is not a witness to interpret for you.
Nota: Si necesita un intérprete, traiga a un adulto que no sea testigo para que le sirva de intérprete.