|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address)*:   |  |  |  | | --- | --- | --- | |  | | | |  | | | |  | | | |  | | | | TELEPHONE NO: |  | FAX NO. (Optional): | | | E-MAIL ADDRESS *(Optional)*: |  |  | | | ATTORNEY FOR *(Name)*: |  |  | | | | *FOR COURT USE ONLY* |
| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA** | |
| STREET ADDRESS:  MAILING ADDRESS:  CITY AND ZIP CODE:  BRANCH NAME: |  |
| PLAINTIFF:  DEFENDANT: | |
| **COUNTER AT ISSUE MEMORANDUM** | | CASE NUMBER: |

The undersigned represents to the court that all essential parties have been served with process or appeared therein and that the case is at issue as to all parties.

A COURT REPORTER IS MANDATORY (Local Rule 103.1)

Pretrial Hearing requested?  YES  NO

If your answer is “Yes”, attach a signed statement setting forth, with particularity, your reasons.

Jury demanded?  YES  NO Estimated time of trial?

Is this case entitled to legal preference?  YES  NO

If your answer is “Yes”, pursuant to code §

Set forth those dates that are not available to you for trial in the next 12 MONTHS.

Eminent Domain actions must show the parcel numbers. Submit a copy of this form for each parcel number or each case if consolidated for trial.

Type of Action

Personal Injury, Motor Vehicle  Personal Injury (Other)  Wrongful Death (Motor Vehicle)  Wrongful Death (Other)

Property Damage (Motor Vehicle)  Property Damage (Other)  Dissolution of Marriage  Marital Separation  Nullity

Eminent Domain, Parcel No.

Other:

The name, address and telephone number or each attorney for a party or each party appearing without an attorney are shown below and on the reverse of this document (attach additional pages, if necessary)

FOR PLAINTIFF/PETITIONER: FOR DEFENDANT/RESPONDENT:

Firm:       Firm:

Attorney appearing:       Attorney appearing:

Address:       Address:

City, State, Zip:       City, State, Zip:

Telephone Number:       Telephone Number:

Dated:                  ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Attorney(s) for:        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Print Signature

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

ADDITIONAL PARTIES:

REPRESENTING:       REPRESENTING:

Firm:       Firm:

Attorney appearing:       Attorney appearing:

Address:       Address:

City, State, Zip:       City, State, Zip:

Telephone Number:       Telephone Number:

REPRESENTING:       REPRESENTING:

Firm:       Firm:

Attorney appearing:       Attorney appearing:

Address:       Address:

City, State, Zip:       City, State, Zip:

Telephone Number:       Telephone Number:

REPRESENTING:       REPRESENTING:

Firm:       Firm:

Attorney appearing:       Attorney appearing:

Address:       Address:

City, State, Zip:       City, State, Zip:

Telephone Number:       Telephone Number:

REPRESENTING:       REPRESENTING:

Firm:       Firm:

Attorney appearing:       Attorney appearing:

Address:       Address:

City, State, Zip:       City, State, Zip:

Telephone Number:       Telephone Number:

Certificate of Mailing

I hereby declare under penalty of perjury of the laws of the State of California that I am over the age of 18 years and not party to this action; that on the date set forth below, I served the above document on the parties named by depositing true copies thereof, addressed to each attorney or party whose name and address is shown above.

Dated:                  ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF DECLARANT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE OR PRINT NAME