

|  |                           |
|--|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, address and telephone #):<br><br>STATE BAR NO:<br>ATTORNEY FOR (Name):                         | <b>FOR COURT USE ONLY</b> |
| <b>MARIN COUNTY SUPERIOR COURT</b><br>3501 Civic Center Drive<br>P.O. Box 4988<br>San Rafael, CA 94913-4988                              |                           |
| PETITIONER:<br><br>RESPONDENT:   |                           |
| <input type="checkbox"/> <b>FAMILY LAW AT ISSUE MEMORANDUM</b><br><input type="checkbox"/> <b>COUNTER FAMILY LAW AT ISSUE MEMORANDUM</b> | CASE NUMBER:              |

**TYPE OF ACTION**

Dissolution   
  Legal Separation   
  Parentage   
  Other (specify): \_\_\_\_\_

**MUST BE COMPLETED BEFORE ACCEPTED FOR FILING**

Petitioner's proof of service of Declaration of Preliminary Disclosure filed on \_\_\_\_\_

Respondent's proof of service of Declaration of Preliminary Disclosure filed on \_\_\_\_\_

Date Response filed: \_\_\_\_\_

Time estimated for trial: \_\_\_\_\_ days

Case entitled to preference under code section: \_\_\_\_\_

Date of prior Bench Bar Settlement Conference (if applicable): \_\_\_\_\_

I hereby represent to the court that all essential parties have appeared herein. This case is at issue as to all such parties.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

ATTORNEY FOR  PETITIONER  RESPONDENT  
 SELF REPRESENTED LITIGANT

**Note: Any party not in agreement with the information in this Family Law At Issue Memorandum shall, within 10 days after service, serve and file a Counter Family Law At Issue Memorandum.**

(See reverse side for Certificate of Mailing)

|       |              |
|-------|--------------|
| NAME: | CASE NUMBER: |
|-------|--------------|

**(PROOF OF SERVICE BY MAIL - C.C.P. § § 1013a and 2015.5)**

I am a resident of the County of \_\_\_\_\_ . I am over the age of 18 years and not a party to the within above entitled action; my business/residence address is:

\_\_\_\_\_

\_\_\_\_\_

On \_\_\_\_\_, I served the within \_\_\_\_\_

\_\_\_\_\_

on the \_\_\_\_\_ in said action, by placing a

true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid, in the United States Post Office mail box at \_\_\_\_\_, address as follows:

I, \_\_\_\_\_, certify (or declare), under penalty  
*(name must be typed or printed)*

of perjury,\* that the foregoing is true and correct. Executed on \_\_\_\_\_,  
*(date)*

\_\_\_\_\_, California  
*(place)*

*\* proof of service by mail forms, being signed under penalty of perjury, do not require notarization.*