

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, address and telephone #):</i> STATE BAR NO: ATTORNEY FOR <i>(Name):</i>	FOR COURT USE ONLY
MARIN COUNTY SUPERIOR COURT 3501 Civic Center Drive P.O. Box 4988 San Rafael, CA 94913-4988	
PETITIONER: RESPONDENT:	
STATEMENT OF AGREEMENT/DISAGREEMENT WITH FAMILY COURT SERVICES RECOMMENDATIONS <input type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's	CASE NUMBER:

HEARING DATE: ____/____/____ **TIME:** _____ **AM / PM** **COURTROOM:** _____

THIS FORM MUST BE SERVED ON THE OPPOSING PARTY AND/OR HIS/HER ATTORNEY OF RECORD WHEN IT IS FILED WITH THE COURT.

1. Custody, Visitation and Timeshare

- We have an agreement regarding legal custody, visitation and timeshare. My understanding of the agreement is set forth in the attachment.
- We do not have an agreement regarding legal custody, visitation and timeshare. My position regarding these issues is set forth in item 3 below.

2. Resolution of issues in dispute. I would like:

- a settlement conference.
- a private child custody evaluation.
- to attend private child custody mediation.
- an evidentiary hearing.

3. I disagree with Family Court Services recommendations for the following reasons:
