

Attorney or Party Without Attorney (Name, State Bar Number, Address)		For court use only
Telephone No. E-mail: Attorney for:	Fax No.	
Superior Court of California, County of Los Angeles Street Address: City and Zip Code: Branch Name:		
Petitioner: Respondent: Claimant(s): Minor's Counsel:		
<b>LONG CAUSE MANAGEMENT STATEMENT</b>		

A CASE MANAGEMENT CONFERENCE is scheduled as follows:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Dept.: \_\_\_\_\_ Room: \_\_\_\_\_  
Address of Court (if different from the address above):

**INSTRUCTIONS: All applicable boxes must be check, and the specified information provided.**

1. Party or parties (answer one)
  - This statement is submitted by party (name) : \_\_\_\_\_
  - This statement is submitted jointly by parties (names): \_\_\_\_\_
2. **Third-Party Complaint.** A third-party complaint  has been  has not been filed. A third-party complaint  is not expected.
3. **Service** (to be answered by Petitioner and third-party complainants only)
  - Respondent has been served or has appeared.
  - All parties named in the third-party complaint have been served, or have appeared, or have been dismissed.
4. **Statistical Information**
  - a. Date(s) of Separation (provide): \_\_\_\_\_ or \_\_\_\_\_
  - b. Length of Marriage (provide): \_\_\_\_\_
5. **Description of Case**
  - a. Provide a brief statement (not to exceed three pages per party) of the matters at issue (and any interim orders thereon), including:
    - i. Custody of minor children
    - ii. Child support
    - iii. Spousal support
    - iv. Property valuation
    - v. Property characterization
    - vi. Property division
    - vii. Reimbursement
    - viii. Attorney's Fees
    - ix. Expert Fees
    - x. Jurisdiction of the Court
    - xi. Any related cases in this or another court
    - xii. Other
  - b. If custody is an issue, state whether any custody evaluation(s) have been performed, and if so, by whom. Also provide the date(s) of any written evaluation(s) and the dates(s) of any Solution-Focused Evaluation(s).
  - c. Motions or OSCs presently anticipated: \_\_\_\_\_
6. **Estimated Length of Trial; Bifurcation of Issues**
  - a. The party or parties estimate that the trial will take \_\_\_\_\_ days.
  - b. The party or parties  propose  oppose the bifurcation of the following issues: \_\_\_\_\_
  - c. for the following reasons: \_\_\_\_\_

Case Name:	Case Number:
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**7. Voluntary Settlement Conference**

- If the party or parties are willing to participate in a voluntary settlement conference, please state the date by which they will be ready: \_\_\_\_\_
- The party or parties have scheduled a  voluntary or  mandatory settlement conference on (date): \_\_\_\_\_, before (name): \_\_\_\_\_.

**8. Discovery**

- The party or parties have completed all discovery.
- Significant discovery disputes exist or are anticipated.
- It is anticipated that all discovery will be completed by: \_\_\_\_\_

**9. Anticipated Trial Witnesses for Direct Case of Each Party**

The party(ies) filing this Case Management Statement presently anticipate calling the following as trial witnesses in their case(s) in chief:

a. Percipient Witness(es)

<u>Name(s)</u>	<u>Subject Area(s)</u>	<u>Estimate of Duration of Direct Examination</u>

b. Expert Witness(es)

<u>Name(s)</u>	<u>Subject Area(s)</u>	<u>Estimate of Duration of Direct Examination</u>

10. On \_\_\_\_\_ the parties or their counsel conferred about the content of this Case Management Statement.

11. Total number of pages attached (if any): \_\_\_\_\_

I am familiar with this case and will be prepared to discuss the status of discovery as well as other issues raised by this statement and will possess the authority to enter into stipulations on these issues at the time of the case management conference.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Type or Print Name)

\_\_\_\_\_  
(Signature of Party or Attorney)

\_\_\_\_\_  
(Type or Print Name)

\_\_\_\_\_  
(Signature of Party or Attorney)