

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, address and telephone #):</i> STATE BAR NO: ATTORNEY FOR <i>(Name):</i>	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MARIN 3501 Civic Center Drive P.O. Box 4988 San Rafael, CA 94913-4988	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	
AT ISSUE MEMORANDUM	CASE NUMBER:

MUST BE COMPLETED BEFORE ACCEPTED FOR FILING

1. Pretrial conference requested
2. Time estimated for trial: _____ days
3. Case entitled to preference under code section: _____
4. Jury trial requested
5. At Issue Memo filed previously (*Date* _____)
6. Complaint date _____

TYPE OF ACTION

- Unlawful Detainer
- Eminent Domain
- Family Law
- Other: (*Specify*) _____

TRIAL COUNSEL AND WHOM THEY REPRESENT

(If additional attorneys, give names, addresses and telephone numbers on reverse side.)

For Plaintiff/Petitioner:	Tel No.	Firm Name, Address
For Defendant/Respondent:		
For Defendant/Respondent:		
For Defendant/Respondent:		

I hereby represent to the court that all essential parties have been served with process or have appeared herein and and that this case is at issue as to all such parties; that no amended or supplemental complaint or cross-complaint or other affirmative pleading remains unanswered; that to my knowledge no other parties will be served with a summons prior to the time of trial, and I know of no further pleading to be filed.

Date _____ Attorney(s) for _____

Note: Any party not in agreement with the information in this Memorandum shall, within 10 days after service or 5 days in an unlawful detainer proceeding, serve and file a Memorandum in his behalf.

(See reverse side for Certificate of Mailing)

Name:	Case Number:
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(PROOF OF SERVICE BY MAIL - C.C.P. § § 1013A 2015.5)

I am a resident of the County of _____ . I am over the age of eighteen 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 of
(name must be typed or printed)

perjury,* that the foregoing is true and correct. Executed on _____, at
(date)

_____, California
(place)

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