

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

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