	MAD-CIV-013
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO: FAX NO. (Optional): E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA 200 South G Street	
Madera, California 93637	
Civil Division	
PETITIONER:	
RESPONDENT:	
FAMILY LAW SETTLEMENT CONFERENCE STATEMENT	CASE NUMBER:
1. Parties:	
Petitioner:	
Attorney for Petitioner:	
Respondent: Attorney for Respondent:	
Joined Party: Attorney for Joined Party:	
2. Nature of Case:	
Dissolution Deegal Separation Mullity Parental Relationship Domestic Partie	si si ii p
3. General Information:	
a. Date of Marriage/Partnership: Date of Separation:	
b. Minor Children and ages:	
	<del>-</del> -
<del></del>	<del>-</del> -
c. Service of Declaration of Disclosure (excluding Parental Relationship case types):	
Preliminary Final Petitioner: ☐YES ☐ NO ☐ YES ☐ NO	
Respondent:   YES   NO   YES   NO	
<ul> <li>d. Did parties hold joint settlement conference as required by Local Rule 2.8.1?</li></ul>	
□ NO If NO, please explain:	
4. Issues in Agreement: (Check all applicable boxes)	
YES	
a. Child Custody	
b. Child Support	
c. Spousal Support	
d. Attorney Fees	
e. Paternity	_

Signature of Joined Party or Attorney