ATTORNEY OR PARTY WITHOUT ATTORNEY (Name & Address):		FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (O	otional):	
E-MAIL ADDRESS (Optional):  ATTORNEY FOR (Name):  BAR	NO.:	
·	NO	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE JUSTICE CENTER:		
☐ Central - 700 Civic Center Dr. West, Santa Ana, CA 92701-4045 ☐ Lamoreaux - 341 The City Drive South, Orange, CA 92868-3205		
PLAINTIFF/PETITIONER:		
DEFENDANT/RESPONDENT:		
REQUEST FOR STATUS FAMILY CENTERE CONFERENCE	D CASE RESOLUTION	CASE NUMBER:
This form is to be used only to request a specific cas	e resolution plan and/or c	ase management orders.
The conference is not intended to be an evidentiary h		
1. This conference is being requested for the following re	asons:	
2. A completed Case Information-Family Law (form FL-17	(2) is attached.	
3. Declaration	Sana Banakutian Conforma	including a completed Cose
A copy of this Request for Status or Family Centered C Information-Family Law form and an envelope with suf		
envelope addressed as follows (address of the other party's attorney or, if none, the party's last known address):		
I declare under penalty of perjury under the laws of the S	ate of California the forgoin	a is true and correct
r declare under penalty of perjury under the laws of the S	ate of Camorna the lorgon	g is true and correct.
Date:		
(TYPE OR PRINT NAME)	(SIGNATUR	RE OF DECLARANT)
F 0	tille e Oorle	
For Cour	t Use Only	
Request for Status or Family Centered Case Resolution Conf	erence mailed to the non-reque	esting party on (date):
The above case has been set on the calendar in Department at the  Central Lamoreaux Justice Center	on	at A.M./P.M.
Requesting party notified on	David H. Yamasaki, (	Clerk of the Court
Ob. A		
	ву:	Deputy Clerk