ATTORNEY OR PARTY WITHOUT ATTORNEY (Name & Address):		FOR COURT USE ONLY	
	·		
TELEPHONE NO.: E-MAIL ADDRESS (Optional):			
ATTORNE'	Y FOR (Name): BAR NO.:		
	OR COURT OF CALIFORNIA, COUNTY OF ORANGE JUSTICE COMPLEX:		
	por Blvd, Costa Mesa, CA 92626		
CASE N	AME:		
	MASTER CALENDAR TRIAL SETTING STATEMENT	CASE NUMBER:	
	(PROBATE)		
Instructions: All applicable boxes must be checked, and the specified information must be provided.			
1.	Party or parties (answer one):		
	a.   This statement is submitted by party (name):		
	b.   This statement is submitted jointly by parties (names):		
2.	Brief description of the claims/issues in the Petition(s) to be tried:		
3	Has all discovery been completed: ☐ Yes ☐ No Date anticipated to	o he completed:	
J.		o be completed	
4.	Are there any related or consolidated case(s)?  ☐ Yes ☐ No		
	Name of Case:		
	Name of court:		
	Case number: Status:		
5.	Have the party or parties complied with Local Rule 317? ☐ Yes ☐ N	0	
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6.	Have the party or parties complied with all Probate and Trial Guidelines and standing orders of the trial court found on the OCSC website, if applicable? ☐ Yes ☐ No		
7.	Have the parties attended mediation? ☐ Yes – Private ☐ Yes – Cou	urt-sponsored □ No	
8.	Estimated length of trial (court days or court hours):		
9.	Total number of pages attached (if any):		

discovery, alternative dispute re Additionally, I will possess the a	s case and will be fully prepared to discuss the status of esolution, and any other issues raised by this statement. Authority to enter into stipulations on these matters at the initial ing written authority from the party where required.
Date:	ing whiteh dutionly from the party where required.
(type or print name)	(signature of party or attorney)
(type or print name)	(signature of party or attorney)