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| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____ | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF IMPERIAL 939 W. Main Street El Centro, CA 92243 | |
| PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT: | |
| TRIAL BRIEF | CASE NUMBER: _____ |

Date: _____ Time: _____ Dept.: _____ Judge: _____

TRIAL BRIEF MUST BE FILED AND SERVED AT LEAST TEN DAYS BEFORE TRIAL DATE

- I have filed and served a **Preliminary** Declaration of Disclosure-Judicial Council Form (FL-141).
- I have completed and served on the other party the **Final** Declaration of Disclosure-Judicial Council Form (FL-141).

OR

The parties have executed and filed a Stipulation and Waiver of Final Declaration of Disclosure-Judicial Council Form (FL-144).

- The following issues have been resolved by oral or written agreement. (Attach copy of written agreement if applicable.)

Continued on attachment

- The following issues have not been resolved, and I propose the following resolutions:

Issue: _____ Resolution: _____

Issue: _____ Resolution: _____

Continued on attachment

- I have attached the following completed forms:

Income & Expense Declaration-Judicial Council Form (FL- 150) (with required pay or benefit stubs)

Schedule of Assets & Debts-Judicial Council Form (FL-142)

Property Declaration-Judicial Council Form (FL-160)

- I request that custody and visitation be awarded as set forth on Child Custody and Visitation Application Attachment-Judicial Council Form (FL-311 and attachments) for the following reasons:

Continued on attachment

| | |
|-------------|--------------|
| PETITIONER: | CASE NUMBER: |
| RESPONDENT: | |

7. I request that child support be ordered as follows: \$_____ payable per month from _____ to _____. A Guideline Calculation must be attached and is available online at www.childsup.gov or at the Court Access Center.

8. I request the following spousal support order: \$_____ payable per month from _____ to _____, based on the following facts. State length of marriage, lifestyle during marriage, education levels, work skills, health and age, hardships and efforts to find work.

Continued on attachment

9. I request the following orders for attorney's fees and court costs: \$_____ payable from _____ to _____ for _____.

10. I ask that the community and separate property assets and debts be allocated in the manner listed on the attached Property Declaration(s) (FL – 160), the values are based on:

Property _____ Basis of Value _____

Property _____ Basis of Value _____

Continued on attachment.

11. I intend to call the following witnesses to testify. Attach curriculum vitae for experts.

| Witness | Address/Phone | Subject Matter |
|---------|---------------|----------------|
| _____ | _____ | _____ |

Continued on attachment

12. I intend to introduce the following documents at trial:

Continued on attachment

13. A proof of service on the other party is attached hereto.

Dated: _____

Print Your Name

Your Signature