

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	
PETITIONER: RESPONDENT:	
CASE MANAGEMENT QUESTIONNAIRE	CASE NUMBER: _____

1. In your opinion, how long will your trial take? _____minutes

2. Number of witnesses _____

3. **In your opinion, what are the issues involved in your case?**

(Please identify all issues in your case by putting an X by the issue that applies to you.)

- | | |
|--|--|
| <input type="checkbox"/> Custody/Visitation | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Spousal Support | <input type="checkbox"/> Property Characterization |
| <input type="checkbox"/> Property Valuation | <input type="checkbox"/> Property Valuation |
| <input type="checkbox"/> Date of Separation | <input type="checkbox"/> Property Division |
| <input type="checkbox"/> Attorney's Fees & Costs | <input type="checkbox"/> Division of Debt |
| <input type="checkbox"/> Set-Aside | <input type="checkbox"/> Arrearages |
| <input type="checkbox"/> Contempt | <input type="checkbox"/> Reimbursement |

Other: _____

Dated: _____

Petitioner Respondent

INSTRUCTIONS:

This form must be filed and served at least 15 calendar days before the Case Management Conference. If you are representing yourself, you must have someone over the age of 18, other than yourself; mail a completed copy of this form to the opposing attorney or party at least 15 days before the Case Management Conference. A Proof of Service form should be attached to the original form that is filed with the court. **PLEASE BE SURE AND BRING A COPY OF THE COMPLETED FORM AND PROOF OF SERVICE WITH YOU TO THE CASE MANAGEMENT CONFERENCE.**