**TRIAL SET MEMORANDUM IN DIVISION FM-D**

**(PLEASE COMPLETE BEFORE PRESENTING TO COURT)**

A.TYPE OF CASE*:* □ Original D.O.M. □ Original Paternity □ Adoption

□ Supp. Pet. to Modify □ Other:

B. Plaintiff Petitioner Husband (circle one)

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Defendant Respondent Wife (circle one)

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CASE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

C. List any case number past or pending involving the parties or children:

Dependency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Paternity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D.O.R.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Domestic Violence:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D. *Title* of each Petition(s), Supplemental Petition(s) or Motion(s) being set for trial, *e.g.*, “Supplemental Petition to Modify Final Judgment of Dissolution of Marriage to Increase Child Support, filed by F.W.:”

(1)

, filed by

(2)

, filed by

E. **ISSUE**, *e.g.*, **Parental Responsibility, Child Support, etc**.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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F. **Estimated time for hearing**: Days:\_\_\_\_\_\_\_\_ Hours:\_\_\_\_\_\_\_\_\_\_

G. **Attorney for Plaintiff/Petitioner/Husband**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number:

**Attorney for Defendant/Respondent/Wife**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number:

H. **Attended C.F.I.D. Class:** YES [ ] NO [ ] NOT APPLICABLE [ ]

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**INFORMATION BELOW TO BE COMPLETED BY COURT**:

TODAY’S DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TRIAL DATE: WEEK OF\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE CERTAIN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CASE MANAGEMENT CONFERENCE: YES [ ] NO [ ] Date:\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_

PRE-TRIAL CONFERENCE: YES [ ] NO [ ] Date:\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_

Pretrial Order \_\_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_\_\_No

Pretrial Stip \_\_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_\_\_No

NAME OF MEDIATOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF CUSTODY EVALUATOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_