YOUR NAME

Street Address

City, State, Zip

Phone Number (with area code)

Fax Number: (if available)

Email: (if available)

YOUR NAME

**SUPERIOR COURT OF THE STATE OF CALIFORNIA**

**FOR THE COUNTY OF SAN MATEO**

|  |  |  |
| --- | --- | --- |
| NAME OF PLAINTIFF(S) Plaintiff(s),vs.NAME OF DEFENDANT(S), Defendant(s). | )))))))))))))))) | Case No.: **PRE-TRIAL SETTLEMENTCONFERENCE STATEMENT** **DATE: (date of hearing)****TIME: (time of hearing)****DEPT: (department number)** |

(Start your statement here. Please see Appendix 1 of the [San Mateo County Superior Court Local Rules](http://www.sanmateocourt.org/general_info/local_rules/) for what you must include in your statement.)

DATED:

|  |  |  |
| --- | --- | --- |
|   |  *Your signature* |  |
|  |  YOUR NAME   |  |