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 SETTLEMENT CONFERENCE 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 |  |