

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:	
READINESS CONFERENCE OPTION	CASE NUMBER: _____

Petitioner Respondent requests setting of a **READINESS CONFERENCE** due to filing of:

- Petition
- Notice of Motion/Order to Show
- Default
- Response
- Mediation

Dated: _____

Signature of party

Print or type name of party

On or before (date): _____ **Dept:** Courthouse Lower Level Access Center

Address of Court: Superior Court, County of Imperial 939 West Main Street, El Centro, CA 92243