Attorney or Party Without An Attorney (Name, Address, Telephone Number)		
Attorney for (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SONOMA Civil & Family Law Courthouse 3055 Cleveland Avenue Santa Rosa, CA 95403 Telephone: (707) 521-6500		
Petitioner/Plaintiff: Respondent/Defendant: Other Parent/Claimant:		
CASE MANAGEMENT CONFERENCE	Case Number: Hearing Date:	
☐ Request ☐ Statement ☐ Continue	Time:	
Response to: ☐ Request ☐ Continue	Department:	
This form must be used to request or respond to a request for a Case Management Conference. If a Case Management Conference is already on the calendar, use this form to request a continuation of the conference or to respond to the request. Response must be submitted with 5 days of service. When filling out this request or responding/consenting to it, please complete the Case Management Conference Statement section of this form. The Court will notify all parties by sending a Setting Order at least 45 days before the scheduled conference date if the request is approved. If a Case Management Conference (CMC) is scheduled, please file this form no later than 10 calendar daysbefore the conference date. Submit the original document along with two copies and a self-addressed, stamped envelope for each party involved. If you are e-filing, make sure to include the necessary fees forthe copies and self-addressed stamped envelopes in your submission.		
 □ I request that a Case Management Conference be set: □ A Case Management Conference is not currently set □ A final judgment on all issues has not been filed. 		
☐ I request the conference be continued based on the attached declaration that establishes good cause for my request. I am NOT available on the following dates:		
 ☐ I consent to this Request. I am NOT available on the following dates: ☐ I oppose this request for the reasons outlined in the attached declaration. 		
DURING THE CASE MANAGEMENT CONFERENCE, THE COURT WILL REVIEW STATUS, UNRESOLVED ISSUES, OBSTACLES TO SETTLEMENT, COMPLIANCE REQUIREMENTS, AND FORMAL DISCOVERY PLANS.		

Local Form FL-092
Adopted for Mandatory Use
New 8/09; Rev. 1/12, 8/13,
2/14, 1/15, 3/24/2025

Case Name:	Case Number:	
CASE MANAGEMENT CONFERENCESTATEMENT		
Check items you and the other p	party do not (or may not) agree o	n:
 □ Custody or Visitation □ Child Support □ Spousal Support □ Back Support (Arrears) □ Property Division □ Other: 	, , ,	 □ Attorney Fees/Costs □ Set Asides/Validity of Orders □ Contempt □ Bifurcation (specify issues):
Is the Department of Child Supplin this or any other case (case not)	oort (DCSS) collecting or enforcing:	ng a child/spousal support order Yes No
b. Has Respondent served a Prec.c. Do you need the court to orded. Will there be experts? ☐ Yes	$S \ \square$ No ld be exchanged? (Is there inform	re? ☐ Yes ☐ No ation of Disclosure? ☐ Yes ☐ No
	ot complete? terrogatories □ Depositions □ C plete the discovery (exchange of	· · · · · · · · · · · · · · · · · · ·
	arties and their attorneys (if any) in this case per Sonoma County Lonattempted? — Collaboration	met and conferred in a good faith
c. What was the outcome?		
4. What other information about the Case Management Conference?	-	pful for the court to have at the

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CASE MANAGEMENT CONFERENCE

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your case at the Case Management Conference?)	(What would you like the court to do regarding
I declare under the penalty of perjury under the laws true and correct.	of the State of California that the foregoing is
Date:	
Signature	
Signature	
Signature	