

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar Number and Address):</i>  TELEPHONE NO: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN JOAQUIN</b> STREET ADDRESS: 180 E WEBER AVENUE MAILING ADDRESS: 180 E WEBER AVENUE CITY AND ZIP CODE: STOCKTON, CA 95202 BRANCH OF NAME: STOCKTON	
PETITIONER: RESPONDENT:	CASE NUMBER:
<b>PROBATE MEET AND CONFER STATEMENT</b>	DATE PETITION FILED:
	HEARING/TRIAL DATE:

Pursuant to Rule 4-116 of the Local Rules – Superior Court of California, County of San Joaquin, the counsel for all parties have met and conferred on the following issues:

1. Those facts currently known which support the allegations of the pleadings filed by each party, it being expressly understood that no statement made at this conference can be used against the party making the statement in these proceedings.
2. Possible settlement of this action including possible stipulations, mediation, or arbitration.  
 \*\* Indicate name(s) of any mediator(s) or arbitrator(s) agreed upon: \_\_\_\_\_  
 See Attachment 2 for additional information
3. The following discovery is or has been tentatively scheduled:

<u>PARTY</u>	<u>DESCRIPTION</u>	<u>DATE</u>

See Attachment 3 for additional information

NOTE: Failure to comply and file this document may result in sanctions pursuant to Rule 4-120 of the San Joaquin County Superior Court Rules

<u>ATTORNEY OR PARTY, if no Attorney</u> <i>(TYPE OR PRINT NAME BELOW)</i>	<u>SIGNATURE</u>	<u>DATE</u>

**MEET AND CONFER STATEMENT**