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 SAN JOAQUIN STREET ADDRESS: 315 W. ELM STREET MAILING ADDRESS: 315 W. ELM STREET CITY AND ZIP CODE: LODI, CA 95240 BRANCH OF NAME: LODI	
PETITIONER: RESPONDENT:	CASE NUMBER:
PROBATE MEET AND CONFER STATEMENT	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:

PARTY	DESCRIPTION	DATE

☐ 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

ATTORNEY OR PARTY, if no Attorney *(TYPE OR PRINT NAME BELOW)*	SIGNATURE	DATE

IN THE MATTER OF (*Name):*	CASE NUMBER:

PROOF OF SERVICE OF MEET AND CONFER STATEMENT

1. I am over the age of 18 and not a party to this action. I am a resident or employed in the county where the mailing occurred.

2. My residence or business address is:

3. I served the foregoing Probate Meet and Confer Statement on each person named below by enclosing a copy in an envelope addressed as shown below AND

   ☐ depositing the sealed envelope with the United States Postal Service on the date and at the place shown in item 4 with the postage fully prepaid.

   ☐ placing the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with the business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United State Postal Service in a sealed envelope with postage fully prepaid.

4. Date mailed: Place mailed (*city, state*):

I declare under penalty of perjury, of the laws of the State of California that the foregoing is true and correct of my own knowledge.

Date:

(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM) (SIGNATURE OF PERSON COMPLETING THIS FORM)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

Name of Person Served	Address of Person Served (*number, street, city, state and zip code*)

☐ Continued on the attachment