

NAME: <input type="checkbox"/> SBN: _____ or <input type="checkbox"/> SELF-REPRESENTED ADDRESS: TEL: EMAIL: ATTORNEY FOR:	For court use only
<b>Superior Court of California</b> <b>County of San Francisco</b> 400 McAllister Street San Francisco, CA 94102	
Petitioner:  Respondent:	
<b>REQUEST FOR VOLUNTARY FAMILY CENTERED CASE RESOLUTION (FCCR) and NOTICE OF HEARING SET</b> [Cal. Rules of Court Rule 5.83; Fam. C. § 2450, 2451]	CASE NUMBER:

THIS REQUEST IS BEING SUBMITTED BY:  Petitioner  Respondent  Both/Jointly

Petitioner is:  self-represented, or  represented by \_\_\_\_\_

Respondent is:  self-represented, or  represented by \_\_\_\_\_

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Petitioner or  Attorney for Petitioner  
 Respondent or  Attorney for Respondent

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Petitioner or  Attorney for Petitioner  
 Respondent or  Attorney for Respondent

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(Court Use Only)  
**NOTICE OF HEARING SET**

**NOTICE TO ALL PARTIES AND/OR THEIR ATTORNEYS OF RECORD:**

This Request for Voluntary Family Centered Case Resolution is being set for a Status Conference hearing as noted below to determine whether this case should go into Family Case Centered Resolution pursuant to Cal. Rules of Court 5.83 and Family Code §§2450, 2451.

**Hearing Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **a.m. / p.m. (circle one)** **Dept.** \_\_\_\_\_

*This Request and Notice of Hearing on all other parties must be properly served on all parties by the party making the request in accordance with regular statutory notice provisions applicable to the setting of a Request for Order. Proof of Service of this Request and Notice must be filed with the court.*

No later than 10 days before the hearing date listed above, each party must submit a completed FAMILY CENTERED CASE RESOLUTION STATEMENT. You may download the form at:  
<http://www.sfsuperiorcourt.org/forms-filing/forms>