

# **INVITATION TO COMMENT**

The Superior Court of California, County of Solano, invites comments on proposed revisions to the court's local forms, effective January 1, 2010.

## **CONTENTS**

- Text of Proposed Changes to Local Forms (8 pages)
- Response Form to Proposed Revisions (1 page)

**DEADLINE FOR COMMENT: 5:00 p.m. on Monday, November 9, 2009**



**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF SOLANO**

**CIVIL DIVISION**

Fairfield Branch  
600 Union Avenue  
Fairfield, CA 94533  
(707) 207-7330

Vallejo Branch  
321 Tuolumne Street  
Vallejo, CA 94590  
(707) 561-7830

Plaintiff(s): \_\_\_\_\_

Case No. \_\_\_\_\_

Defendant(s): \_\_\_\_\_

**NOTICE OF CASE MANAGEMENT  
CONFERENCE ONE AND  
ASSIGNMENT OF JUDGE FOR ALL  
PURPOSES**

**Pursuant to local rules and by order of this court, this matter has been calendared for Case Management Conference One as follows:**

**DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**THE ABOVE-ENTITLED CASE HAS BEEN ASSIGNED FOR ALL PURPOSES TO  
JUDGE \_\_\_\_\_, DEPT. \_\_\_\_\_.**

600 Union Avenue, Fairfield, CA 94533  321 Tuolumne Street, Vallejo, CA 94590

The obligations of counsel, or any party not represented by an attorney, in regard to Case Management Conference One and any Case Management Conference Two set by the court are as follows:

- 1) Service of the complaint must be within sixty (60) calendar days of the date of filing.
- 2) Service and filing of responsive pleading must be within thirty (30) days after service of the complaint. The time for filing responsive pleading may not be extended except as authorized by Government Code section 68616. ***Appearance at the Case Management Conference does not excuse a litigant from the requirement of filing and serving a responsive pleading within this deadline.***
- 3) Plaintiff shall serve a copy of this *Notice of Case Management Conference One* on all defendants with the complaint.
- 4) Any party serving a cross-complaint shall serve a copy of this *Notice of Case Management Conference One* on each cross-defendant with the cross-complaint.
- 5) Any cross-complaint served after Case Management Conference One has been held shall have a *Notice of Case Management Conference Two* served with it.
- 6) A *Case Management Statement* shall be filed with the court and served on all parties by each counsel by the 15th calendar day before the date set for Case Management Conference One.
- 7) At Case Management Conference One the court shall inform counsel and self-represented parties of the date, time and place for Case Management Conference Two and shall make any orders regarding what is expected that counsel and self-represented parties will accomplish in

**NOTICE OF CASE MANAGEMENT CONFERENCE ONE AND ASSIGNMENT OF JUDGE FOR ALL PURPOSES**

regard to the case before the filing of the *Case Management Statement* for Case Management Conference Two.

- 8) Each counsel shall complete, file, and serve on all parties a completed *Case Management Statement* by the 15th calendar day before the date set for Case Management Conference Two.
- 9) At any Case Management Conference, counsel shall be completely aware of all procedural, factual, and legal aspects of the case, and have full authority to discuss and resolve any issues that arise at the conference, including settlement of the case. This applies equally to both attorneys of record and specially-appearing counsel.
- 10) The court may impose sanctions pursuant to Solano County Local Rules, rule 4.6, in the event that a *Case Management Statement* is not timely filed and/or served, or is not fully completed, or the requirements of Rule 4.6 are not met.

**COUNSEL AND SELF-REPRESENTED PARTIES ARE OBLIGATED TO REVIEW AND COMPLY WITH LOCAL RULES REGARDING CIVIL LITIGATION.**

**AFFIDAVIT OF SERVICE**

I, the undersigned, declare under penalty of perjury that I am employed as a deputy clerk of the above-entitled court and not a party to the within-entitled action, and that I served this Notice of Case Management Conference One as follows:

I personally served the person named below on (*date*): \_\_\_\_\_ at (*time*) \_\_\_\_\_.

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

Party       Attorney of Record       Representative

I, \_\_\_\_\_, acknowledge receipt of a copy of this *Notice of Case Management Conference One and Assignment of Judge for All Purposes*.

Date: \_\_\_\_\_      \_\_\_\_\_  
Signature

I mailed the notice by enclosing it in an envelope and placing the envelope for collection and mailing following the court's procedure and practices. I am readily familiar with the court's procedure and practices 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 States Postal Service in a sealed envelope with postage fully prepaid. Said envelope was addressed to the attorney for the party, or the party, as shown below:

Name:  
Law Firm:  
Address:

Date: \_\_\_\_\_ Clerk of the Court  
Superior Court of California, County of Solano

By: \_\_\_\_\_  
Deputy Clerk

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  <h1 style="text-align: center;">DRAFT</h1>  <h2 style="text-align: center;">NOT YET APPROVED FOR USE</h2>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SOLANO</b> STREET ADDRESS: <b>600 Union Avenue</b> <b>321 Tuolumne Street</b> MAILING ADDRESS: <b>P.O. Caller 5000</b> <b>321 Tuolumne Street</b> CITY AND ZIP CODE: <b>Fairfield, CA 94533</b> <b>Vallejo, CA 94590</b>	
PLAINTIFF(S): _____ DEFENDANT(S): _____	
<p style="text-align: center;"><b>TRIAL MANAGEMENT CONFERENCE REPORT</b></p> <p><b>DATE OF CONFERENCE:</b> _____ <b>TIME:</b> _____</p>	CASE NUMBER: _____

Each party must complete, file and serve a copy of this report on all other parties by the seventh (7th) calendar day before the date set for the Trial Management Conference.  
**Failure to timely file or serve this report may result in sanctions.**

*Provide your answers to the following questions in a separate document(s) attached to this form. Label any attached pages with the number of the question being answered as the exhibit number, e.g. Question 8 would be attached and labeled as Exhibit 8. Pages within an exhibit should be marked with the exhibit number and page number, e.g. page 1 of Exhibit 8 marked as page 8-1, page 2 marked as page 8-2, and so forth.*

- (1) State the nature of the case, with a summary of each party’s allegations and supporting facts. Include an agreed-upon statement of the case to be read to the jury panel, if a jury has been requested by any party.
- (2) If there have been developments since the trial setting affecting the estimated length of trial, provide an explanation as to what those developments are and how the estimated length of trial should be changed as a result.
- (3) Provide the names of any non-expert witnesses who may be called at trial, except for impeachment or rebuttal. State concisely the anticipated testimony of each non-expert witness and the time estimate for testimony, including direct and cross-examination.
- (4) Provide the names and expertise of any expert witnesses who may be called at trial, except for impeachment or rebuttal. State concisely the anticipated testimony of each expert witness and the time estimate for testimony, including direct and cross-examination. In addition, attach any narrative reports provided by the expert witness.
- (5) Provide a list of all witnesses who are unavailable and whose testimony will be presented by deposition, along with the facts supporting that unavailability.

**TRIAL MANAGEMENT CONFERENCE REPORT – CIVIL**

<b>PLAINTIFF(S):</b> <b>DEFENDANT(S):</b>	<b>CASE NUMBER:</b>
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- (6) Provide a list of all documents, exhibits, blowups, and/or photographs that the party expects to offer at trial, except for impeachment or rebuttal. Identify documents by page number or Bates-stamp number as applicable (e.g. "Jane Doe's Medical Records, pages 1 through 326"). Photos shall be separately identified.
- (7) Provide a specific list in column form of all portions of depositions, answers to interrogatories and responses to request for admissions that the party expects to offer at trial, except for impeachment or rebuttal. All portions of depositions shall be identified by page and line number(s), while responses to written discovery must be identified by the manner of discovery request and the response number (e.g. "Response to Plaintiff's Special Interrogatories, Set One, Interrogatory Number 4"; "Amended Response to Defendant's Request for Admissions, Set Three, Request Number 7").
- (8) Provide a specific list of all anticipated evidentiary disputes with citation to authority.
- (9) Provide a specific list of all anticipated non-evidentiary disputes with citation to authority.
- (10) Provide all requested jury instructions and verdict forms in compliance with the California Rules of Court. Each instruction shall be typed in full and numbered consecutively, with the submitting attorney having filled in all blanks and having made a decision as to all alternatives in the BAJI instructions. Two copies of the requested jury instructions shall be submitted to the court. One copy shall have citations to authority and boxes for the court's use regarding whether the instruction is given, refused, or withdrawn, and one copy shall be presented without citations to authority and boxes regarding given, refused, or withdrawn.
- (11) Provide copies of all in limine motions that the party expects to submit at trial. Each in limine motion provided shall be numbered consecutively by the party. (Note that any in limine motions not included will not be considered by the court, unless good cause is presented to the trial court).
- (12) Provide all stipulations requested or proposed at trial.
- (13) Indicate whether there are any witnesses that need an interpreter. State the name of the interpreter and the language that must be interpreted. (If an interpreter is needed, it is the obligation of the party calling the witness to make arrangements for an interpreter.)

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

\_\_\_\_\_  
*Signature of Declarant*

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 SOLANO</b> STREET ADDRESS: <b>600 Union Avenue</b> MAILING ADDRESS: <b>P.O. Caller 5000</b> CITY AND ZIP CODE: <b>Fairfield, CA 94533</b>	
<b>IN RE THE CONSERVATORSHIP OF</b> ( <i>Name</i> ): _____	
<b>PLACEMENT AND LEVEL OF CARE ASSESSMENT FOR CONSERVATEE (P.C. §2352.5)</b>	CASE NUMBER: _____

**NOTICE TO CONSERVATOR OF THE PERSON**

You must complete, sign and return this form to the Court Investigators Office within 60 days of your appointment as conservator. You do not need to complete this form if the conservatorship is a "limited" conservatorship for a person with developmental disabilities.

Failure to complete, sign and return this form will result in further court action, possibly including your removal as conservator. A conservator who willfully submits any material information required by this form that he or she knows to be false is guilty of a misdemeanor.

**If you need more space to answer any question, attach to this form a sheet of paper labeled with the case name and number at the top and the question number you are answering.**

I, \_\_\_\_\_, am the duly appointed conservator of the person named above and I declare as follows:

1. At the time of the commencement of the conservatorship, the conservatee was residing in:

- The conservatee's own home
- A residential care or assisted living facility
- A skilled nursing facility
- A hospital
- Other (please describe): \_\_\_\_\_

2. The law presumes that the personal residence of the conservatee is the "least restrictive appropriate residence." (Probate Code §2352.5.) If the conservatee IS residing in their own home, what steps are necessary to keep them in their own home? \_\_\_\_\_

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**PLACEMENT AND LEVEL OF CARE ASSESSMENT FOR CONSERVATEE**

IN RE CONSERVATORSHIP OF:	CASE NUMBER:
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3. If the conservatee IS NOT residing in his or her own home, what restrictions or limitations prevent the conservatee from residing in his or her own home? What steps would be necessary to return the conservatee to their home? What steps have been taken? If none, why not?

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4. What are you doing to ensure the conservatee's safety and well-being?

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5. Since your appointment as conservator, have there been any significant changes in the conservatee's circumstances affecting the conservatee's need for placement and care?

No  Yes (*please explain*):

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I declare under penalty of perjury of the laws of the State of California that the foregoing declaration and the information contained therein is true and correct.

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

\_\_\_\_\_  
(Signature of Conservator)

**PLACEMENT AND LEVEL OF CARE ASSESSMENT FOR CONSERVATEE**

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  <h2 style="text-align: center;">DO NOT FILE</h2> FORWARD TO COURT INVESTIGATORS OFFICE IMMEDIATELY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SOLANO</b> STREET ADDRESS: <b>600 Union Avenue</b> MAILING ADDRESS: <b>P.O. Caller 5000</b> CITY AND ZIP CODE: <b>Fairfield, CA 94533</b>	
<b>GUARDIANSHIP OF</b> ( <i>Name</i> ): _____  <div style="text-align: right;"><b>MINOR</b></div>	
<b>CONFIDENTIAL COURT INVESTIGATOR'S INFORMATION AND REFERRAL FORM</b> Guardianship of <input type="checkbox"/> Person <input type="checkbox"/> Estate	CASE NUMBER: _____

**NOTICE:** Per Solano County Local Rule 15.2, the person requesting appointment of the guardian must complete and sign this form and submit it to the court along with the guardianship petition. The form will not be placed in the public court file but instead will be used by the court to determine whether to appoint the proposed guardian. **The information in this form is confidential.**

**1. Where is the proposed ward currently living?**

Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

**2. Has the child lived with a person other than the child's mother or father within the last two years?**

No  Yes → Please provide the following information about that person:

Name: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone number: \_\_\_\_\_

**3. Is there another court case between the parents of the ward (e.g. divorce, paternity, restraining order, child support, etc.) in Solano County, another county in California, in any other state or in any other country?**

No  Yes → Please provide the following information about that case:

Where is the case? \_\_\_\_\_  
 Are there any custody orders for this child in that case? \_\_\_\_\_

**4. Please provide the following information about the proposed ward's mother:**

Name: \_\_\_\_\_  
 Other names used: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ CA Driver's License #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

**CONFIDENTIAL COURT INVESTIGATOR'S INFORMATION AND REFERRAL FORM**

<b>GUARDIANSHIP OF:</b>	<b>CASE NUMBER:</b>
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Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
 (Cellular) \_\_\_\_\_ (Other) \_\_\_\_\_

The proposed ward's mother is deceased.

Date of death: \_\_\_\_\_ Did she die in California?  Yes  No  
 If the mother died in California, what county did she die in?  Solano  Other: \_\_\_\_\_

The proposed ward's mother is in prison or jail.

Date of incarceration: \_\_\_\_\_ Expected date of release: \_\_\_\_\_

Where is she incarcerated?

- County jail in  Solano County  another county: \_\_\_\_\_
- California state prison (California Department of Corrections): \_\_\_\_\_
- Federal prison: \_\_\_\_\_
- Other: \_\_\_\_\_

**5. Please provide the following information about the proposed ward's father:**

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

Other names used: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ CA Driver's License #: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
 (Cellular) \_\_\_\_\_ (Other) \_\_\_\_\_

The proposed ward's father is deceased.

Date of death: \_\_\_\_\_ Did he die in California?  Yes  No  
 If the father died in California, what county did he die in?  Solano  Other: \_\_\_\_\_

The proposed ward's father is in prison or jail.

Date of incarceration: \_\_\_\_\_ Expected date of release: \_\_\_\_\_

Where is he incarcerated?

- County jail in  Solano County  another county: \_\_\_\_\_
- California state prison (California Department of Corrections): \_\_\_\_\_
- Federal prison: \_\_\_\_\_
- Other: \_\_\_\_\_

**6. If there anything else you think the court investigator should know, you may attach additional sheets of paper to this form. Be sure to include the case name and number at the top of each attached page.**

I declare under penalty of perjury of the laws of the State of California that, to the best of my knowledge, the foregoing declaration and the information contained herein is true and correct.

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

\_\_\_\_\_  
 (Signature of Person Filling Out This Form)

## Response Form

I am commenting on the proposed revisions to:    the local rules    the local forms

Agree with proposed changes

Agree with proposed changes with modifications (*please explain below*)

Do not agree with proposed changes (*please explain below*)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Address: \_\_\_\_\_

City, State, ZIP code: \_\_\_\_\_

**To SUBMIT COMMENTS:**

Comments may be written on this form, prepared in a letter format, or e-mailed. If you are not commenting directly on this form, please include the information requested above. Questions may be directed to the Executive Office at (707) 207-7475.

E-mail:        CourtOutreach@solano.courts.ca.gov

Mail:           Superior Court of California, County of Solano  
                  Executive Office  
                  600 Union Avenue  
                  Fairfield, CA 94533

FAX:            (707) 426-1631

<b>DEADLINE FOR COMMENT:    5:00 p.m. on Monday, November 9, 2009</b>
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