

Declaration submitted by: Name: Office/Agency/Court: Street Address: City, State, Zip: Telephone Number:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO Street Address: 3341 Power Inn Road City, State, Zip: Sacramento, CA 95826 Branch Name: SITTING AS THE JUVENILE COURT	
Name of Minor:	
JUVENILE DEPENDENCY SETTLEMENT CONFERENCE (JDSC) STATEMENT	CASE NUMBER: DATE: TIME: DEPT.:

Note: This document will not be filed, but received and placed in a confidential envelope inside of the court file. The document will not be reviewed by the trial court judicial officer.

1. PARTY NAME AND STATUS:

- a. Party Name:
- b. Status:

If the party is Child Protective Services, complete the section below:

- c. Name of CSW/SCSW/DI with Settlement Authority:
- d. Telephone Number (if applicable):

2. TRIAL ATTORNEY PRIMARILY RESPONSIBLE FOR THIS CASE:

3. TRIAL TIME ESTIMATE:

4. NUMBER OF EXPECTED WITNESSES (List the name and time estimate for each witness):

	Witness Name	Time Estimate
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Check if additional information attached.

5. DESCRIPTION OF EXPECTED EVIDENCE (*Testimonial and/or documentary*):

Check if additional information attached.

6. STATE ANY OUTSTANDING DISCOVERY OR WITNESS AVAILABILITY ISSUES:

Check if additional information attached.

7. DESCRIPTION OF THE ISSUES IN CONTROVERSY:

Check if additional information attached.

8. OFFER FOR SETTLEMENT:

Check if additional information attached.

BY: _____
Counsel for: