

Attorney or Party without Attorney (Name, Address and Telephone number)	For Court Use Only
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO	
STREET ADDRESS MAILING ADDRESS CITY AND ZIP CODE BRANCH NAME	
Plaintiff(s): Defendant(s):	
PETITION FOR CONCILIATION	CASE NUMBER:

To the Conciliation Court:

Name of Petitioner or Petitioner(s)

Allege . . . as follows:

(a) That a controversy exists between the parents herein, and request the aid of said Court to effect a reconciliation or an amiable settlement of the controversy.

(b) That the name and age of each minor child whose welfare may be affected by the said controversy is as follows:

Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____

(c) That the name and address of each petitioner is as follows:

Name: _____	Address: _____
Name: _____	Address: _____
Name: _____	Address: _____
Name: _____	Address: _____

(d) That the (husband) (wife) of the petitioner is:

Name: _____ Address: _____
Telephone Number: _____; and that said (husband) (wife) is named as respondent.

(e) That _____ whose address is _____ has a relation to said controversy within the meaning of Section 1763, Code of Civil Procedure, (Statutes 1939, Chap. 737) and is hereby also named as respondent herein.

Dated: _____ by: _____

PETITION FOR CONCILIATION