ATTORNEY OR PARTY WITHOUT ATTORN	IEY STATE BAR NUMBER:	FOR COURT USE ONLY	
NAME:			
FIRM NAME:			
STREET ADDRESS:			
CITY:	STATE: ZIP CODE:		
TELEPHONE NO.:	FAX NO.:		
E-MAIL ADDRESS:			
ATTORNEY FOR (name):			
SUPERIOR COURT OF CALIFOR	RNIA. COUNTY OF		
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
PLAINTIFF/PETITIONER:			
DEFENDANT/RESPONDENT:			
OTHER PARENT/PARTY:			
OTHER PARENT/PARTT.		SUPERIOR COURT CASE NUMBER:	
RESPONSE TO APP	PELLANT'S PROPOSED SETTLED STATEMENT		
11201 01102 10711 1	(UNLIMITED CIVIL CASE)	COURT OF ARREAU CASE NUMBER (if traction)	
	•	COURT OF APPEAL CASE NUMBER (if known):	
	Amended (If applicable, specify 1st, 2nd, 3rd, etc. amended form.)		
Notice: Use this form to prepare a response to Appellant's Proposed Settled Statement (form APP-014). For more information, read Information on Appeals Procedures for Unlimited Civil Cases (form APP-001-INFO) and Information Sheet for Proposed Settled Statement (form APP-014-INFO). Important! Do not use this form if you elect to provide a reporter's transcript instead of proceeding with a settled statement.			
-		or proceeding with a settled statement.	
1. SUMMARY OF THE PART	TIES' TESTIMONY AND OTHER EVIDENCE		
a. I do not request of	changes to item 3 of Appellant's Proposed Settled Statemer	t (Unlimited Civil Case) (form APP-014).	
b. I request the following changes to item 3 of Appellant's Proposed Settled Statement (Unlimited Civil Case)			
(form APP-014)	(specify):		
c. I request the abo	ve changes for the following reasons (specify):		
		Attachment 1	

APP-020

PLAINTIFF/PETITIONER:	SUPERIOR COURT CASE NUMBER:
DEFENDANT/RESPONDENT:	COURT OF APPEAL CASE NUMBER (if known):
OTHER PARENT/PARTY:	COURT OF AFFEAL CASE NUMBER (II MIDWII).
2. SUMMARY OF NONPARTY WITNESS TESTIMONY AND OTHER EVIDENCE	
a.	
(form APP-014) (specify):	
c. I request the above changes for the following reasons (specify):	
troquest the above shariges for the following reasons (openly).	
3. TRIAL COURT'S FINDINGS	Attachment 2
 a. I do not request changes to item 5 of Appellant's Proposed Settled Statement b. I request the following changes to item 5 of Appellant's Proposed Settled Statement (form APP-014) (specify): 	
c. I request the above changes for the following reasons (specify):	
	Attachment 3

DI AINTIEE/DETITIONED.	SUPERIOR COURT CASE NUMBER:
PLAINTIFF/PETITIONER:	
DEFENDANT/RESPONDENT:	COURT OF APPEAL CASE NUMBER (if known):
OTHER PARENT/PARTY:	
4. SUMMARY OF MOTIONS	
 a.	
c. I request the above changes for the following reasons (specify):	
5. SUMMARY OF JURY INSTRUCTIONS	Attachment 4
a. I do not request changes to item 7 of Appellant's Proposed Settled	Statement (Unlimited Civil Case) (form APP-014).
b. I request the following changes to item 7 of Appellant's Proposed S (form APP-014) (specify):	
c. I request the above changes for the following reasons (specify):	
Date:	Attachment 5

(TYPE OR PRINT NAME)

(SIGNATURE)