

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT: OTHER PARENT/PARTY:		SUPERIOR COURT CASE NUMBER:
RESPONSE TO APPELLANT'S PROPOSED SETTLED STATEMENT (UNLIMITED CIVIL CASE)		COURT OF APPEAL CASE NUMBER (if known):
<input type="checkbox"/> _____ Amended (if applicable, specify 1st, 2nd, 3rd, etc. amended form.)		
<p>Notice: Use this form to prepare a response to <i>Appellant's Proposed Settled Statement</i> (form APP-014). For more information, read <i>Information on Appeals Procedures for Unlimited Civil Cases</i> (form APP-001-INFO) and <i>Information Sheet for Proposed Settled Statement</i> (form APP-014-INFO).</p> <p>Important! Do not use this form if you elect to provide a reporter's transcript instead of proceeding with a settled statement.</p>		

1. SUMMARY OF THE PARTIES' TESTIMONY AND OTHER EVIDENCE

- a. I do not request changes to item 3 of *Appellant's Proposed Settled Statement (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 above changes for the following reasons (specify):

[Attachment 1](#)

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT: OTHER PARENT/PARTY:	SUPERIOR COURT CASE NUMBER: COURT OF APPEAL CASE NUMBER (if known):
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2. SUMMARY OF NONPARTY WITNESS TESTIMONY AND OTHER EVIDENCE

- a. I do not request changes to item 4 of *Appellant's Proposed Settled Statement (Unlimited Civil Case)* (form APP-014).
- b. I request the following changes to item 4 of *Appellant's Proposed Settled Statement (Unlimited Civil Case)* (form APP-014) (*specify*):

- c. I request the above changes for the following reasons (*specify*):

[Attachment 2](#)

3. TRIAL COURT'S FINDINGS

- a. I do not request changes to item 5 of *Appellant's Proposed Settled Statement (Unlimited Civil Case)* (form APP-014).
- b. I request the following changes to item 5 of *Appellant's Proposed Settled Statement (Unlimited Civil Case)* (form APP-014) (*specify*):

- c. I request the above changes for the following reasons (*specify*):

[Attachment 3](#)

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT: OTHER PARENT/PARTY:	SUPERIOR COURT CASE NUMBER:
	COURT OF APPEAL CASE NUMBER (if known):

4. SUMMARY OF MOTIONS

- a. I do not request changes to item 6 of *Appellant's Proposed Settled Statement (Unlimited Civil Case)* (form APP-014).
- b. I request the following changes to item 6 of *Appellant's Proposed Settled Statement (Unlimited Civil Case)* (form APP-014) (*specify*):

c. I request the above changes for the following reasons (*specify*):

[Attachment 4](#)

5. SUMMARY OF JURY INSTRUCTIONS

- 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 Settled Statement (Unlimited Civil Case)* (form APP-014) (*specify*):

c. I request the above changes for the following reasons (*specify*):

Date: [Attachment 5](#)

(TYPE OR PRINT NAME)

 _____
(SIGNATURE)

