ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO.:	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO  COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101-3814  FAMILY COURT BUILDING, 1555 6TH AVE., SAN DIEGO, CA 92101-3294  MADGE BRADLEY BUILDING, 1409 4TH AVE., SAN DIEGO, CA 92101-3105  NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081-6651  EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020-3941  SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910-5649	
PETITIONER(S)	
	Hearing Date:
RESPONDENT(S)	Tim a.
	Time:
PRE-READ REQUEST FOR HEARING	CASE NUMBER
ATTORNEY CERTIFICATION.	
ATTORNEY CERTIFICATION:  I certify that I am familiar with the local rules regarding the pre-reading of files a read for the following reasons:	nd that this matter is appropriate for a pre-
<ul><li>The file contains a psychological evaluation report, Family Court Service which should be read by the Court prior to hearing the matter.</li><li>Other:</li></ul>	
I have tagged the reports or other documents to be pre-read.  ☐ Opposing counsel joins in this request and has also identified appropriate documents.	ıments to be pre-read.
Date:	
(Signature)	
Notice Civen to Opposing Councel Date:	
Notice Given to Opposing Counsel Date: Time: To Whom:	
PRIMARY ISSUE TO BE LITIGATED AT THE HEARING. (SET FORTH WITH SIDENTIFICATION):	SPECIFICITY RATHER THAN GENERIC
DATE MATTER TO BE LITIGATED WAS FILED:	-
For Clerk's Use Only:	