IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF CLATSOP
PO Box 835 Astoria Oregon 97103

_____
Petitioner,

v.

_____
Respondent.

Case No:
Assigned Judge:
Case Filed Date:
Trial Date:

DOMESTIC RELATIONS DOCKET CALL SHEET

If you file this form at least 24 hours before docket call, you do not need to appear at call.

Please check the trial type for this case:

☐ Informal Domestic Relations Trial (IDRT) ☐ Traditional Domestic Relations Trial

Petitioner appeared: ☐ In Writing ☐ Remote ☐ In Person ☐ Failed to Appear
Respondent appeared: ☐ In Writing ☐ Remote ☐ In Person ☐ Failed to Appear

Petitioner: _____ Contact Phone Number: _____ Email Address: _____ ☐ Check box if self-represented.	Assigned Attorney: _____ Contact Phone Number: _____ Email Address: _____
Respondent: _____ Contact Phone Number: _____ Email Address: _____ ☐ Check box if self-represented.	Assigned Attorney: _____ Contact Phone Number: _____ Email Address: _____

I make the following representations pertaining to my portion of this case:

Ready for Trial: ☐ Yes ☐ No (if you select "no", please provide explanation below)

If you are requesting a continuance, a motion to continue must be filed.

Trial Information

Number of Witnesses: _____ (Traditional Trial only)

Estimated Length of your portion of the case: _____

Explanation: _____

_____

Issues at Trial: _____

_____

Probability of case settling prior to trial _____

Submit your Exhibit List to the Court 24 hours prior to trial.

SIGNATURE: _____**DATE**: _____