



3. Please write the reasons why the Court should grant this stipulated motion and include Court rules, the record and facts of the case, laws, and prior cases, if any, that support your reasons. Please list any documents being attached:

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4. We agree the following conditions should be applied:

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5. By signing this document, we acknowledge our mutual consent to this motion and our mutual agreement to the terms designated herein if so approved by the Court.

6. We understand that if either party's position changes regarding the mutual agreement as so designated through the filing of this motion, the party must immediately make a written record of the change in position by filing the appropriate form or other written statement with the Court and providing a copy of the filing to the other party.

We  Do  Do Not request an oral hearing in front of the judge on this motion.

The parties using this form understand that the use of this *pro se* form is not a substitute for competent legal advice and that it is in a person's best interest to obtain the legal advice of an attorney prior to initiating or responding to any legal action. The party using this form understands that this form may not meet all my specific legal needs and that it is only provided as a courtesy and guide for *pro se* parties.

**We hereby state, under penalty of perjury, the foregoing is true.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Petitioner/Plaintiff

\_\_\_\_\_  
Printed Name of Petitioner/Plaintiff

\_\_\_\_\_  
Address of Petitioner/Plaintiff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Respondent/Defendant

\_\_\_\_\_  
Printed Name of Respondent/Defendant

\_\_\_\_\_  
Address of Respondent/Defendant

### CERTIFICATE OF SERVICE

We mailed on (date) \_\_\_\_\_ a copy of this motion to any lawyers in the case and any other parties, as listed below, if they have roles in this case. (If additional space is needed, please attach additional sheets of paper)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_