



SUPERIOR COURT OF CALIFORNIA
County of Sacramento
720 Ninth Street, Room 102
Sacramento, CA 95814-1380
(916) 874-5522—Website

Attorney or Party Without Attorney (Name, State Bar # and Address):

Telephone №.: Fax №.:

E-Mail Address:

Attorney for (Name):

Plaintiff:

Defendant:

- ☐ **Designation Statement**
☐ **Counter Designation Statement**
- ☐ **Telephone Conference**
(California Rule of Court 3.670 and Local Rule 2.04)
- ☐ **Plaintiff**
☐ **Defendant**
☐ **Cross-Complainant**
☐ **Cross-Defendant**

Case Number:

Hearing Date: _____ 8:30
 (If applicable)
 Assigned Dept: _____

NOTE: Do not complete this form unless requesting or opposing Class II or Class III designation.

This case ☐ is ☐ is not Complex under rule 3.400 of the California Rules of Court. If case is Complex, mark the factors requiring exceptional judicial management:

- a. ☐ Large number of separately represented parties.
 b. ☐ Extensive motion practice raising difficult or novel issues that will be time-consuming to resolve.
 c. ☐ Substantial amount of documentary evidence.
 d. ☐ Large number of witnesses.
 e. ☐ Coordination with related actions pending in one or more courts in other counties, states or countries, or a federal court.
 f. ☐ Substantial post-judgment judicial supervision

State whether you believe this action should be designated as:

- ☐ Class I
☐ Class II
☐ Class III

Designation Statement