**Trial Set Memorandum**

**DIVISION A – The Honorable Steven B. Whittington**

|  |  |
| --- | --- |
| Today’s Date:[ ]  Jury Trial [ ]  Non-Jury Trial  | Estimated Time for Trial: \_\_\_\_\_\_\_\_\_\_ days \_\_\_\_\_\_\_\_\_\_ hours |
|  |  |
| **CASE INFORMATION** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_VS.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Case No.: | Division: **A** |
| **TYPE OF CASE** |
| [ ] Personal Injury [ ] Auto Negligence [ ] Contract [ ] Medical Malpractice [ ] Condemnation[ ] Other (explain) |
| **ISSUE(S)** |
|  |
| **EXPERT WITNESS DEADLINE: desired expired witness disclosure deadlines** |
| [ ]  120 days/90 days [ ]  90 days/60 days [ ]  60 days/45 days [ ] Other: |
| Requested Mediator / Email: |
| **ATTORNEY(S) FOR PLAINTIFF(S)** | **ATTORNEY(S) FOR DEFENDANT(S)** |
| Name |  | Name |  |
| Address |  | Address |  |
|  |  |
| Phone |  | Phone |  |
| Email |  | Email |  |
| Atty for |  | Atty for |  |
|  |  |  |  |
| Name |  | Name |  |
| Address |  | Address |  |
|  |  |
| Phone |  | Phone |  |
| Email |  | Email |  |
| Atty for |  | Atty for |  |
| **INFORMATION BELOW TO BE COMPLETED BY COURT** |
| Date Certain: |  | Trial Week of: |
| PTC: [ ] Yes [ ] No  | PTC Date: PTC Time: |
| Refer to Mediation: [ ] Yes [ ] No  | Name of Mediator: |
| Comments: |

**PLEASE DOCKET THIS COMPLETED FORM**