

DATE: \_\_\_\_\_

CASE NO.: \_\_\_\_\_

TRIAL SET MEMORANDUM CV-D

(PLEASE COMPLETE BEFORE PRESENTING TO COURT)

JURY TRIAL: \_\_\_\_\_

NON-JURY TRIAL: \_\_\_\_\_

ESTIMATED TIME FOR TRIAL: \_\_\_\_\_ DAYS \_\_\_\_\_ HOURS

MEDIATOR DESIRED: \_\_\_\_\_

CASE STYLE: \_\_\_\_\_, PLAINTIFF (S)

\_\_\_\_\_, DEFENDANT (S)

Type of Case:  Personal Injury  Contract

Auto Negligence  Medical Malpractice

Condemnation  Other (specify)

ISSUES: \_\_\_\_\_

EXPERT WITNESS DISCLOSURES WILL BE 180/150.

ATTORNEY (S) FOR PLAINTIFF (S):

ATTORNEY (S) FOR DEFENDANT (S):

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY AND ZIP CODE: \_\_\_\_\_

CITY AND ZIP CODE: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY AND ZIP CODE: \_\_\_\_\_

CITY AND ZIP CODE: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TRIAL DATE: WEEK OF: \_\_\_\_\_

PRETRIAL: \_\_\_\_\_

DATE CERTAIN: \_\_\_\_\_

PRETRIAL: \_\_\_\_\_

MEDIATOR: \_\_\_\_\_