

**CIVIL TRIAL SET MEMORANDUM – Division F**

or Request for hearing time over one hour

(Please complete before presenting to court)

Today's Date \_\_\_\_\_

Case No.: \_\_\_\_\_

Jury Trial: \_\_\_\_\_

Estimated Time for Trial: \_\_\_\_\_ day(s)

Non-Jury Trial: \_\_\_\_\_

\_\_\_\_\_ hour(s)

Motion Hearing Request: \_\_\_\_\_

Estimated Time for Hearing: \_\_\_\_\_ hour(s)

Motion to be heard: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I. Plaintiff(s) \_\_\_\_\_

Defendant(s) \_\_\_\_\_

- II. Type of Case:
- |                          |                 |                          |                     |
|--------------------------|-----------------|--------------------------|---------------------|
| <input type="checkbox"/> | Personal Injury | <input type="checkbox"/> | Contract            |
| <input type="checkbox"/> | Auto Negligence | <input type="checkbox"/> | Medical Malpractice |
| <input type="checkbox"/> | Condemnation    | <input type="checkbox"/> | Other (specify)     |

III. Expert Witness Deadline: \_\_\_\_\_ P: 120 days D: 90 days; \_\_\_\_\_ P: 150 days D: 120 days;  
 \_\_\_\_\_ P: 180 days D: 150 days; \_\_\_\_\_ Other \_\_\_\_\_

IV. Mediator: \_\_\_\_\_

V. Trial Date: \_\_\_\_\_

VI. Attorney(s) for Plaintiff(s)

Attorney(s) for Defendant(s)

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

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

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

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

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

email: \_\_\_\_\_

email: \_\_\_\_\_

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

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

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

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

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

email: \_\_\_\_\_

email: \_\_\_\_\_

**\*\*\*\*TO BE COMPLETED BY COURT\*\*\*\***

A Date: Week of: \_\_\_\_\_ PTC: \_\_\_\_\_

Date Certain: \_\_\_\_\_ PTC: \_\_\_\_\_

B. Mediator: \_\_\_\_\_

C. Comments: \_\_\_\_\_

\_\_\_\_\_