## TRIAL SET MEMORANDUM (DIVISION CV-G)

Internal	N T M 'I			Case No.:			
Defendant(s)				Estimated Time for Trial:			
II. Type of Case: ( ) Personal Injury ( ) Contract	I.	Plaintiff(s)					
( ) Auto Negligence ( ) Medical Malpractice ( ) Other (specify)  III. Issue(s):		Defendant(s)					
Name:   Name:   Address:   Address:	II.	Type of Case:	( )	Auto Negligence	( )	Medical Mal	*
Name:	III.	Issue(s):					
Address:	IV.	Attorney(s) for Plaintiff(s):			Attorney(s) for Defendant(s):		
Address:	Name:				Name:		
Phone:         Phone:           Email:         Email:           ***********************************	Address:						
Email:         ************************************					Phone:		
Name:         Name:           Address:         Address:           Phone:         Phone:           Email:         Email:    ****TO BE COMPLETED BY COURT****  Week of:  PTC:  Date Certain:  PTC:  Mediator:  Comments:  Paragraph 6  Paragraph 6  Paragraph 6  Paragraph 6a	Email:				Email:		
Address:				*****	****		
Address:	Name:			Name:			
Phone:					Address:		
Email:           ****TO BE COMPLETED BY COURT****           Week of:         PTC:           Date Certain:         PTC:           Mediator:         Paragraph 6         /           Paragraph 6a         /					Phone:		
Week of:	Email:						
Week of:			****	TO RE COMPLETI	ED RY COUR'	<b>T</b> ****	
Mediator:	Week of:						
Comments: Paragraph 6 Paragraph 6	Date Certain:						
Paragraph 6a	Media	ator:					
Paragraph 6a	Comments:						
						Paragraph 6	oa