CIVIL TRIAL SET MEMORANDUM / DIVISION A

(Complete before presenting to the Court and provide
addressed/stamped envelopes for counsel/pro se party/mediator)

Today's Date: _____ **Case No.:** _____

Jury Trial _____ **Non-Jury Trial** _____ **Estimated Time for Trial:** _____ days/hours

I. Plaintiff(s) _____
Defendant(s) _____

II. Type of Case: Personal Injury Contract Auto Negligence
Medical Malpractice Condemnation Other (specify)

_____

III. Issue(s): _____

IV. Expert Witness Deadline: _____ P: 60 days D: 45 days /_____ P: 90 days D: 60 days / _____ other

V. Attorney(s) for Plaintiff(s)

Name: _____
Address: _____
_____
Phone: _____
Email Addresses (counsel/asst):
_____
_____

Name: _____
Address: _____
_____
Phone: _____
Email Addresses (counsel/asst):
_____
_____

Attorney(s) for Defendant(s)

Name: _____
Address: _____
_____
Phone: _____
Email Addresses (counsel/asst):
_____
_____

Name: _____
Address: _____
_____
Phone: _____
Email Addresses (counsel/asst):
_____
_____

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

I. Trial Week: _____ **PTC:** _____

Date Certain: _____ **PTC:** _____

II. Mediator: _____

III. Comments: _____