

TRIAL SET MEMORANDUM DIVISION A

or Request for hearing time more than 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: () Personal Injury () Contract
- () Auto Negligence () Medical Malpractice
- () Condemnation () Other (specify)

III. Expert Witness Deadline: _____ 120 day / 90 days _____ 90 days / 60 days _____ 60 days / 45 days

IV. Mediator: _____

V. 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: _____

Jury Selection: _____

Post-trial motion hearing: _____

B. Mediator: _____

C. Expert Witness Deadline: _____ 120 day / 90 days _____ 90 days / 60 days _____ 60 days / 45 days