

**TRIAL SET FORM FOR DIVISION E/JUDGE SKINNER**

*Please complete this form before submitting it to the Court*

**ODD NUMBERED CASES ONLY**

TODAY'S DATE:

STYLE OF CASE:

CASE NUMBER:

TYPE OF TRIAL REQUESTED: \_\_\_\_\_ Jury \_\_\_\_\_ Non-Jury

ESTAMITATED TIME NEEDED FOR TRIAL: \_\_\_\_\_ Days \_\_\_\_\_ Hours

TYPE OF CASE: \_\_\_\_\_ personal injury \_\_\_\_\_ contract  
\_\_\_\_\_ auto negligence \_\_\_\_\_ condemnation  
\_\_\_\_\_ other tort \_\_\_\_\_ other (specify): medical malpractice  
\_\_\_\_\_ divorce

Desired expert witness disclosure deadlines (number of days before pretrial conference by which Plaintiff/Defendant must disclose experts):

\_\_\_\_\_ 120 days/90 days \_\_\_\_\_ 90 days/60 days \_\_\_\_\_ 60 days/45 days

**Attorney(s) for Plaintiff(s):**

**Attorney(s) for Defendant(s):**

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

e-mail address: \_\_\_\_\_

e-mail address: \_\_\_\_\_

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

e-mail address: \_\_\_\_\_

e-mail address: \_\_\_\_\_

**Please promptly notify the Court if this case settles so that the pretrial conference hearing time may be assigned to other attorneys who need hearing time. The mediator's submission of a mediation report does not discharge counsel's independent obligation to notify the Court.**

Thank you for your courtesy to the Court and fellow attorneys.

**INFORMATION TO BE COMPLETED BY THE COURT**

TRIAL WEEK: \_\_\_\_\_

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

e-mail address: \_\_\_\_\_

DATE CERTAIN FOR TRIAL: \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ a.m./p.m.

PRETRIAL DATE AND TIME: \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ a.m./p.m.

