

BENCH TRIAL REPORTING FORM

Submitted by: Jointly Plaintiff/Attorney Defendant/Attorney _____

1. Case Name: _____.

2. Case Number: _____.

3. The names of the individual attorneys/parties who will try the case: _____.

_____.

4. Name of Guardian Ad Litem, if applicable: _____.

5. The email address at which you wish to receive notice of your trial date. _____.

_____.

6. **Total time** needed to try the case or motion: _____.

a.) Plaintiff's total time needed to try the case or motion: _____.

b.) Defendant's total time needed to try the case or motion: _____.

c.) _____ total time needed to try the case or motion: _____.

7. Do you want the case reported? _____ Yes _____ No

8. Dates of any properly filed leaves of absence. _____.

(Do not attach copies of leaves of absence, please provide the relevant dates above.)

9. Please list all legal conflicts under uniform Superior Court Rule 17.1, with the following information:

<u>Name of case</u>	<u>Case Number</u>	<u>Name of Court</u>	<u>Date of Filing</u>	<u>Date of Conflict</u>
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1. _____

2. _____

3. _____

4. _____

5. _____

10. Have you filed a motion to continue? _____ Yes _____ No

11. Please list the date the parties attended mediation. If the parties have not attended mediation, please explain why. _____.

_____.

12. Please list additional information you request the Court to consider: _____

_____.

13. (To Be Completed By GAL)

- a.) Have the parties been provided with the GAL's recommendation? _____Yes _____No
- b) Has the Court been provided with the GAL's written report? _____Yes _____No
- c) If the GAL has not completed a report, when will said report be completed? _____.