

# JURY 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. The email address at which you wish to receive notice of your trial date. \_\_\_\_\_.

5. ***Total time*** needed to try the case: \_\_\_\_\_.

a.) Plaintiff's total time needed to try the case: \_\_\_\_\_.

b.) Defendant's total time needed to try the case: \_\_\_\_\_.

c.) \_\_\_\_\_ total time needed to try the case: \_\_\_\_\_.

6. Dates of any properly filed leaves of absence. \_\_\_\_\_.

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

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

Name of Case	Case Number	Name of Court	Date of Filing	Purpose of Hearing	Date of Conflict
1.					
2.					
3.					
4.					

8. Have you filed a motion to continue?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

9. Have the parties attended mediation?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Date of Mediation: \_\_\_\_\_