

(Copy Receipt)

(Clerk's Date Stamp)



Petitioner: _____

vs.

Respondent: _____

CASE NO. _____

CIVIL JOINT CASE STATUS
REPORT

DO NOT FILE

1. Case Information:

a. Case type (e.g. personal injury auto, malpractice-medical): _____

b. List the parties and who represent them.

Party	_____	Party	_____
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Attorney	_____	Attorney	_____
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Address	_____	Address	_____
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Phone No.	_____	Phone No.	_____
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Email Address	_____	Email Address	_____
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Contact Person	_____	Contact Person	_____
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Participated in Preparation of Joint Case Status	_____	Participated in Preparation of Joint Case Status	_____
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Report: Yes No

Report: Yes No

Party	_____	Party	_____
Attorney	_____	Attorney	_____
Address	_____	Address	_____
Phone No.	_____	Phone No.	_____
Email Address	_____	Email Address	_____
Contact Person	_____	Contact Person	_____

Participated in Preparation of Joint Case Status	_____	Participated in Preparation of Joint Case Status	_____
Report:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Report:	<input type="checkbox"/> Yes <input type="checkbox"/> No

If there are additional parties, list above information on separate page.

c. Amount in controversy and range of damages requested, including cross claims and Counter-claims: _____

d. Specify equitable relief requested.

- _____
- e. Subject to Mandatory Arbitration Yes No
- f. Have answers been filed? Yes No
- g. Have all parties been joined? Yes No
- h. Have all parties been served? Yes No

2. Case Management Information:

a. Pursuant to LAR 0.4(a), the court expects this case to be resolved within 12 months. If there is a reason why this is impractical, please explain:

- _____
- b. The parties agree to go through mediation/alternative dispute resolution? Yes No
- c. The parties agree to stipulate to the appointment of a judge pro tempore? Yes No
- d. Are there any unique issues requiring special preparation by the court? Yes No

If yes, explain: _____

- e. Estimated length of trial days or hours required _____
- f. Will a jury be demanded? Yes No Six person Twelve person

g. Attorneys, parties, or witness(s) have the following special need that needs to be addressed:

Hearing Impaired Language Interpreter Other _____ (Please contact the assigned court department involving of special needs requests five days before scheduled court hearings and trials.)

Date: _____

FOR JUDICIAL USE ONLY

Next Anticipated Event and Date of Event

Second Status Conference Date _____

Judges' Notes