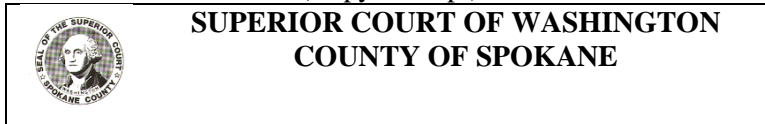


(Copy Receipt)

(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	_____
---------	-------	---------	-------

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: Yes No Report Yes 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