

**PLEASE FILL OUT THIS FORM AND RETURN VIA FAX (419) 627-6602 OR EMAIL [bnaufel@eriecounty.oh.gov](mailto:bnaufel@eriecounty.oh.gov) AT LEAST 7 DAYS PRIOR TO CMC**

**IN THE COURT OF COMMON PLEAS, ERIE COUNTY, OHIO**

	)	
	)	<b>Case No.</b>
<b>Plaintiff,</b>	)	
	)	<b>JUDGE TYGH M. TONE</b>
	)	
	)	<b>Date of CMC:</b> _____
<b>Defendant,</b>	)	

**CIVIL PRE-TRIAL CONFERENCE SUMMARY**

**ATTORNEY(S) FOR PLAINTIFF(S)**

**ATTORNEY(S) FOR DEFENDANT(S)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LENGTH OF TRIAL: \_\_\_\_\_ DAY(S) JURY DEMAND: YES NO JURY VIEW: YES NO

NATURE OF CASE: \_\_\_\_\_

FACTS OF CASE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

LIABILITY IS: ADMITTED CONTESTED

DISPUTED ISSUES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DAMAGES:

NATURE OF INJURY/DAMAGE: \_\_\_\_\_

\_\_\_\_\_

MEDICAL/EXPERT TESTIMONY:

LIVE

VIDEO

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DISCOVERY ANTICIPATED/IN PROGRESS/COMPLETED:

INTERROGATORIES:	P to D _____	D to P _____
REQUESTS FOR PRODUCTION:	P to D _____	D to P _____
REQUESTS FOR ADMISSION:	P to D _____	D to P _____

HAVE MEDICAL RECORDS BEEN PRODUCED? YES NO

IF NOT, WHEN WILL THEY BE? \_\_\_\_\_

DEPOSITIONS SCHEDULED: PLAINTIFF TO TAKE

DEFENDANT TO TAKE

_____	_____
_____	_____
_____	_____
_____	_____

MOTIONS FILED OR ANTICIPATED: \_\_\_\_\_

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SETTLEMENT STATUS? \_\_\_\_\_

PLAINTIFF'S DEMAND \$ \_\_\_\_\_ DEFENDANT'S OFFER \$ \_\_\_\_\_

DESIRE MEDIATION? YES NO

DATE: \_\_\_\_\_

\_\_\_\_\_  
**ATTORNEY**