

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

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

**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 OR 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 OR 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 DEMAND \$ \_\_\_\_\_

DESIRE MEDIATION? YES OR NO \_\_\_\_\_

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

\_\_\_\_\_

ATTORNEY