

PLEASE FILL OUT THIS FORM AND RETURN VIA FAX (419) 627-6602 OR EMAIL TO bwright@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

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: _____

SETTLEMENT STATUS _____

PLAINTIFF'S DEMAND \$ _____

DEFENDANT'S DEMAND \$ _____

DESIRE MEDIATION? YES OR NO _____

DATE: _____

ATTORNEY