

CONFERENCE INFORMATION REPORT

CIVIL ACTION NO. _____ SHORT CAPTION _____

JURY TRIAL _____ NON-JURY TRIAL _____ ARBITRATION _____

TRIAL COUNSEL _____

REPRESENTING _____

LAW FIRM _____

ADDRESS _____

TELEPHONE & FAX _____

DATE FOR COMPLETION OF ALL DISCOVERY _____

PROTRACTED DISCOVERY REQUIRED? _____
Yes/No

IF YES, DESCRIBE PROPOSED DISCOVERY SEGMENTS BY SUBJECT MATTER OR PARTIES AND SUGGEST DATES FOR SEGMENTS:

SETTLEMENT CONFERENCE: WHEN REQUESTED? _____

MAGISTRATE JUDGE _____ COURT MEDIATOR _____ PRIVATE MEDIATOR _____
(LOCAL CIV. R. 53.3) (Name)

TRIAL TIME: TIME TO PRESENT YOUR CASE _____
TIME FOR ENTIRE TRIAL _____

OTHER COMMENTS:

SIGNATURE OF COUNSEL

DATE _____

TYPE OR PRINT NAME

This form should be faxed to Chambers at 267-299-5078 or emailed to
Chambers_of_Judge_Michael_Baylson @paed.uscourts.gov