

REQUEST FOR PROTECTION ON TRIAL LIST

TO:

Name and Address of Court:

RE:

Docket Number and Case Name:
Docket No: _____
Case Name: _____

REQUEST OF: PLAINTIFF DEFENDANT

This case is scheduled for trial list beginning: _____.

The parties' good faith credible estimate of the time required for the trial is _____ days.

The following requests for protection from trial are made for the following reasons:

	Dates(s) Requested	REASON(S)
<input type="checkbox"/>	1. _____	_____
<input type="checkbox"/>	2. _____	_____
<input type="checkbox"/>	3. _____	_____
<input type="checkbox"/>	4. _____	_____
<input type="checkbox"/>	5. _____	_____
<input type="checkbox"/>	6. _____	_____

Date: _____ [Attorney for] Plaintiff Defendant

A REQUEST FOR PROTECTION IS ALLOWED ONLY IF THE BOX TO THE LEFT OF THE REQUEST IS CHECKED (✓). A DISALLOWED REQUEST THAT RELATES TO A SCHEDULING CONFLICT WITH ANOTHER COURT MAY BE RECONSIDERED IF IT BECOMES MORE CERTAIN THAT THE CONFLICT WILL ACTUALLY OCCUR.

Date: _____ Judge/Justice

DO NOT DOCKET