

D e m o n s t r a t i o n

CASE INFORMATION

CLIENT:

Address:

Home Phone:

Work Phone:

Fax:

OPPOSITION

Opp. Party's Name:

Attorney for Opp:

Address:

Phone:

Fax:

BASIC CASE INFORMATION:

Name of case:

Case Number:

Court:

Courtroom/Judge:

CASE DATES:

Date complaint filed:

Date Answer filed:

Date Cross-complaint filed:

Statutory deadline to try case:

Trial Date:

Discovery Cut-off Date:

Motion Cut-off Date:

Arbitration Date:

Last date to file Summary Judgement: