



STATEWIDE APPEARANCE SERVICE
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CIVIL REPORT

Please give the following information *legibly and completely* and fax to (866) 333-1515 or email to reports@attorneystogo.com.

PANEL MEMBER _____ DATE _____

ATG # _____ CASE _____ v _____ COURT _____

NEXT HEARING (CIRCLE ONE): STATUS CONFERENCE CMC EVAL CONF OSC
 DATE _____ NOTICE TO BE GIVEN BY (CIRCLE ONE):

TIME _____ PLAINTIFF DEFENDANT

DEPT _____ COURT/CLERK NOTICE WAIVED

CONTINUED BECAUSE _____

ORDERED TO (CIRCLE ONE): DATE OF COMPLETION _____

ARBITRATION MEDIATION RETURN: DATE _____

_____ PANEL WILL BE SENT TIME _____

_____ ARBITRATOR/MEDIATOR SELECTED DEPT _____

ARBITRATOR/MEDIATOR TO BE CONTACTED BY (CLRK, PNTF, DFNDT?) _____

SET FOR TRIAL _____ DAYS ESTIMATED JURY DEMANDED BY _____

TRIAL: MSC: FSC: TSC:

DATE _____ DATE _____ DATE _____ DATE _____

TIME _____ TIME _____ TIME _____ TIME _____

DEPT _____ DEPT _____ DEPT _____ DEPT _____

DISCOVERY/MOTION CUT OFF _____

EXCHANGE OF EXPERTS 1st _____ 2nd _____

OTHER OUTCOME/ADDITIONAL INFORMATION/COMMENTS _____

PARKING _____

OTHER _____ BE SPECIFIC _____