



STATEWIDE APPEARANCE SERVICE  
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**COURT TRIAL / DEFAULT PROVE UP REPORT**

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

REPORT FOR: \_\_\_\_\_ COURT TRIAL  
 \_\_\_\_\_ DEFAULT PROVE UP

PANEL MEMBER \_\_\_\_\_ DATE \_\_\_\_\_

ATG # \_\_\_\_\_ CASE \_\_\_\_\_ v \_\_\_\_\_ COURT \_\_\_\_\_

JUDGMENT FOR \_\_\_\_\_ PLAINTIFF JUDGE \_\_\_\_\_  
 \_\_\_\_\_ DEFENDANT OPPOSING COUNSEL/PARTY:  
 \_\_\_\_\_

PRINCIPAL \$ \_\_\_\_\_

INTEREST \$ \_\_\_\_\_

ATTORNEY FEES \$ \_\_\_\_\_

COSTS \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

NOTICE BY \_\_\_\_\_

COMMENTS/FUTURE ACTION/FUTURE DATES \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PANEL MEMBER CHARGES:**

HOURS \_\_\_\_\_

PARKING \$ \_\_\_\_\_

OTHER \$ \_\_\_\_\_ BE SPECIFIC \_\_\_\_\_