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| SUPERIOR COURT OF JUSTICE | | | | | | | | | | | | | | | | |
| Central East Region | | | | | | | | | | | | | | | | |
| PRE-TRIAL CONFERENCE CONFIRMATION FORM | | | | | | | | | | | | | | | | |
| *The purpose of this form is to provide the Court with information to facilitate the scheduling of a pre-trial conference. The information will also be shared with the pre-trial conference judge to assist him or her in the conduct of the pre-trial and recommendations for the scheduling of the trial.* | | | | | | | | | | | | | | | | |
| *This form is to be completed and filed along with the pre-trial memorandum. Once the filing is accepted, the Confirmation form must also be uploaded to CaseLines under the appropriate bundle.* ***All parties are expected to consult with one another to complete this form and submit ONLY ONE FORM.*** | | | | | | | | | | | | | | | | |
| Pre-trial Date: | | | | |  | | | | | | Time: |  | | |  | |
| Court Centre: | | | |  | | | | | | | | | | | | |
| **1.** | Full Style of Cause: | | | | | | | |  | | | | Court File No.: | | |  |
| **2.** | Companion Action: | | | | | | |  | | | | | Court File No.: | | |  |
| **3.** | Contact information for counsel or self-represented parties: | | | | | | | | | | | | | | | |
|  | Counsel for: | | | | |  | | | | | | | | | | |
|  | Name: | |  | | | | | | | | | | | | | |
|  | Address: | | |  | | | | | | | | | | | | |
|  | Phone/Fax #s: | | | | | |  | | | | | | | | | |
|  | Email: |  | | | | | | | | | | | | | | |
|  | Counsel for: | | | | |  | | | | | | | | | | |
|  | Name: | |  | | | | | | | | | | | | | |
|  | Address: | | |  | | | | | | | | | | | | |
|  | Phone/Fax #s: | | | | | |  | | | | | | | | | |
|  | Email: |  | | | | | | | | | | | | | | |
|  | Counsel for: | | | | |  | | | | | | | | | | |
|  | Name: | |  | | | | | | | | | | | | | |
|  | Address: | | |  | | | | | | | | | | | | |
|  | Phone/Fax #s: | | | | | |  | | | | | | | | | |
|  | Email: |  | | | | | | | | | | | | | | |
|  | Counsel for: | | | | |  | | | | | | | | | | |
|  | Name: | |  | | | | | | | | | | | | | |
|  | Address: | | |  | | | | | | | | | | | | |
|  | Phone/Fax #s: | | | | | |  | | | | | | | | | |
|  | Email: |  | | | | | | | | | | | | | | |

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| Page 2 | | | | | | | | | | | | | | | | | | |
| PRE-TRIAL CONFERENCE CONFIRMATION FORM | | | | | | | | | | | | | | | | | | |
|  | Counsel for: | | | | | |  | | | | | | | | | | | |
|  | Name: | | | |  | | | | | | | | | | | | | |
|  | Address: | | | | |  | | | | | | | | | | | | |
|  | Phone/Fax #s: | | | | | | | |  | | | | | | | | | |
|  | Email: | | |  | | | | | | | | | | | | | | |
|  | Counsel for: | | | | | |  | | | | | | | | | | | |
|  | Name: | | | |  | | | | | | | | | | | | | |
|  | Address: | | | | |  | | | | | | | | | | | | |
|  | Phone/Fax #s: | | | | | | | |  | | | | | | | | | |
|  | Email: | | |  | | | | | | | | | | | | | | |
| **4.** | Type of Case: | | | | | | |  | | | | | | | | | | |
| **5.** | Time Required for Pre-trial: | | | | | | | | | | | | | | | | | |
|  |  | One hour | | | | | | | | | | | | | | | | |
|  |  | Two hours | | | | | | | | | | | | | | | | |
|  |  | Half day | | | | | | | | | | | | | | | | |
|  |  | Full day | | | | | | | | | | | | | | | | |
| **6.** | Has this case been the subject matter of a mediation: | | | | | | | | | | | | | | | | | |
|  |  | Yes (specify) | | | | | | | | | |  | | | | | | |
|  |  | No | | | | | | | | | | | | | | | | |
| **7.** | Are there any outstanding motions not yet completed: | | | | | | | | | | | | | | | | | |
|  |  | Yes (specify) | | | | | | | | | |  | | | | | | |
|  |  | No | | | | | | | | | | | | | | | | |
| **8.** | Are examinations for discovery and all documentary productions complete: | | | | | | | | | | | | | | | | | |
|  |  | Yes | | | | | | | | | | | | | | | | |
|  |  | No (specify) | | | | | | | |  | | | | | | | | |
| **9.** | Number of witnesses Plaintiff(s) intends to call: | | | | | | | | | | | |  | | |  | | |
| **10.** | Number of witnesses Defendant(s) intends to call: | | | | | | | | | | | | |  | | |  | |
| **11.** | Number of witnesses Third Party(ies) intends to call: | | | | | | | | | | | | | |  | | |  |
| **12.** | Have all expert reports been served by Plaintiff(s): | | | | | | | | | | | | | | | | | |
|  |  | | Yes | | | | | | | | | | | | | | | |
|  |  | | No (specify) | | | | | | | |  | | | | | | | |
| **13.** | Have all expert reports been served by Defendant(s): | | | | | | | | | | | | | | | | | |
|  |  | | Yes | | | | | | | | | | | | | | | |
|  |  | | No (specify) | | | | | | | |  | | | | | | | |

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| Page 3 | | | | | | | | | | | | | |
| PRE-TRIAL CONFERENCE CONFIRMATION FORM | | | | | | | | | | | | | |
| **14.** | Have all expert reports been served by Third Party(ies): | | | | | | | | | | | | |
|  |  | | Yes | | | | | | | | | | |
|  |  | | No (specify) | |  | | | | | | | | |
| **15.** | Plaintiff(s) estimate of total length of trial: | | | | |  | | | | | | | |
| **16.** | Defendant(s) estimate of total length of trial: | | | | | |  | | | | | | |
| **17.** | Third party(ies) estimate of total length of trial: | | | | | | | | |  | | | |
| **Signatures:** | | | | | | | | | | | | | |
|  | | | | | | | |  | | |  | |  |
| Counsel for | | | |  | | | |  | | | Counsel for |  |  |
|  | | | | | | | |  | | |  | |  |
| Counsel for | | | |  | | | |  | | | Counsel for |  |  |
|  | | | | | | | |  | | |  | |  |
| Counsel for | | | |  | | | |  | | | Counsel for |  |  |
| **Dated:** | |  | | | | | | |  | | | | |