

# BENCH TRIAL REPORTING FORM

Submitted by:    Jointly    Plaintiff/Attorney    Defendant/Attorney    \_\_\_\_\_

1. Case Name: \_\_\_\_\_.

2. Case Number: \_\_\_\_\_.

3. The names of the individual attorneys/parties who will try the case: \_\_\_\_\_

\_\_\_\_\_.

4. Name of Guardian Ad Litem, if applicable: \_\_\_\_\_.

5. The email address at which you wish to receive notice of your trial date. \_\_\_\_\_

\_\_\_\_\_.

6. ***Total time*** needed to try the case or motion: \_\_\_\_\_.

a.) Plaintiff's total time needed to try the case or motion: \_\_\_\_\_.

b.) Defendant's total time needed to try the case or motion: \_\_\_\_\_.

c.) \_\_\_\_\_ total time needed to try the case or motion: \_\_\_\_\_.

7. Do you want the case reported?                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No

8. Dates of any properly filed leaves of absence. \_\_\_\_\_.

***(Do not attach copies of leaves of absence, please provide the relevant dates above.)***

9. Please list all legal conflicts under uniform Superior Court Rule 17.1, with the following information:

Name of Case	Case Number	Name of Court	Date of Filing	Purpose of Hearing	Date of Conflict
1.					
2.					
3.					
4.					
5.					

10. Have you filed a motion to continue?      \_\_\_\_\_Yes      \_\_\_\_\_No

11. Please list the date the parties attended mediation. \_\_\_\_\_

12. Please list additional information you request the Court to consider: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

**13. (To Be Completed By GAL)**

a.) Have the parties been provided with the GAL's recommendation?      \_\_\_\_\_Yes      \_\_\_\_\_No

b) Has the Court been provided with the GAL's written report?      \_\_\_\_\_Yes      \_\_\_\_\_No

c) If the GAL has not completed a report, when will said report be completed? \_\_\_\_\_.