NAME AND ADDRESS OF ATTORNEY OR PARTY WITHOUT ATTORNEY:	STATE BAR NUMBER	Reserved for Clerk's File Stamp
	!	
TELEPHONE NO.: FAX NO.:		
E-MAIL ADDRESS:		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COU	NTY OF LOS ANGELES	
COURTHOUSE ADDRESS:		
Spring Street Courthouse, 312 N. Spring Street, Los Ar	geles, CA 90012	
PLAINTIFF:		
DEFENDANT:		
<u> </u>		
INFORMAL DISCOVERY CONFEREN	CE FORM FOR	CASE NUMBER:
PERSONAL INJURY COU	RTS	
(Department 27, 28, 29, 30, 3	31, 32)	
AN INCODMAL DICCOVEDY CONFEDENCE	("IDO") HAC DEEN DECE	
AN INFORMAL DISCOVERY CONFERENCE	•	
\square 27, \square 28, \square 29, \square 30, \square 31, 32 or	າ at	_ AM/ PM.
Type of case: ☐ Auto ☐ Slip/Trip & Fall	☐ Med Mal ☐ Product Liak	nility
	Wicd Widi 1 Toddot Eldi	mity 1703ddit a Dattery
Other (please describe):		
2. You must file and serve this Informal Discov		
to the IDC. The opposing party may file and		m, briefly setting forth that
party's response, at least 10 court days prio	to the IDC.	
3. Briefly describe the discovery dispute (inform	nation requested and/or the	hasis for objection) in the
space provided below (do not add extra pag	•	basis for objection, in the
space provided below (do not add extra pag	63 ₁ .	

SHORT TITLE:	CASE NUMBER:	
CONFERENCE RESULTS (FOR COURT USE ONLY)		
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The result of the conference is: Resolved Not Resolved Off Calendar.		