

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES	
Plaintiff:	
Defendant:	
EXPEDITED PI COURT TRIAL REQUEST FORM	CASE NUMBER:

This new pilot program is designed to address the current waiting time for the hearing of jury trials of personal injury cases by offering an earlier case resolution alternative – a Voluntary Fast Track Personal Injury Bench Trial Program, which will result in a bench trial no later than 60 days from submission of this form.

By submitting this application, you agree to waive your right to a jury trial - a condition precedent to participating in the program.

Counsel for the parties (and or persons representing themselves) further represent they will be prepared to proceed to a COURT trial in no later than 60 days, including by having previously consulted with all anticipated witnesses, including any experts. All trial documents are required to be filed within five days after notification of FSC Date. The parties maintain all rights afforded by Code of Civil Procedure Section 170.6.

Number of Parties _____

Age of the Case/ 5-Year Date _____

Length of Court Trial _____

Any Case Specific Issues _____

Department Where Case is Currently Assigned _____

Special Considerations for FSC / Trial Setting:

<Please Complete Page 2 of this Form>

EXPEDITED PI COURT TRIAL REQUEST FORM

CONTACT INFORMATION

Please provide your name, your email address, and who you represent:

<i>NAME</i>	<i>E-MAIL ADDRESS</i>	<i>WHO YOU REPRESENT</i>
		<input type="checkbox"/> Plaintiff _____ <input type="checkbox"/> Defendant _____ <input type="checkbox"/> Other _____
		<input type="checkbox"/> Plaintiff _____ <input type="checkbox"/> Defendant _____ <input type="checkbox"/> Other _____
		<input type="checkbox"/> Plaintiff _____ <input type="checkbox"/> Defendant _____ <input type="checkbox"/> Other _____

Please complete this form, sign/date & return to Dept. 1 at SMCDept1@lacourt.org

Signature

Date

Signature

Date

Signature

Date

-FOR COURT USE ONLY-

Case Assigned to: Courthouse _____

Judge _____

Dept. _____

Telephone Number _____

FSC Date: _____ Time: _____

Trial Date: _____ Time: _____