

SCHEDULE DEPOSITIONS OR MEDIATIONS

Deposition: _____

Mediation: _____

Dates being considered:

Preferred Court Reporter: _____

Location of Deposition: _____

Agreed Mediator: _____

Location of Mediation: _____

PERSON REQUESTING: _____

LAW FIRM/COMPANY: _____

ATTORNEY'S NAME: _____

PHONE NUMBER: _____

YOUR EMAIL: _____

CAPTION / STYLE OF CASE: _____

HOW MANY ATTORNEYS PARTICIPATING: _____

List on second page and use additional pages if needed.

PLAINTIFF'S ATTORNEY:

Name of Attorney

Plaintiff's Name

Law Firm

Attorney's Email

Paralegal's Name

Paralegal's Email

Phone #

Name of Attorney

Plaintiff's Name

Law Firm

Attorney's Email

Paralegal's Name

Paralegal's Email

Phone #

DEFENDANT'S ATTORNEY

Name of Attorney

Defendant's Name

Law Firm

Attorney's Email

Paralegal's Name

Paralegal's Email

Phone #

Name of Attorney

Defendant's Name

Law Firm

Attorney's Email

Paralegal's Name

Paralegal's Email

Phone #