TRIAL REQUEST FORM

Caption: Plaintiff(s):_____

_____

Defendant(s)_____

_____

_____

Index Number: _____

Date Note of Issue Filed: _____

Type of Trial Requested:

Jury Trial _____ Non-Jury Trial_____ Inquest_____

Summary Jury Trial_____ Summary Bench Trial_____

Date and Sequence Number of Order granting a Trial Preference (if any):

_____

Interpreter(s) Needed: Yes _____ No_____

If yes, what language(s):_____

Contact information:

Plaintiff Attorney/Firm Name: _____

Self-Represented Plaintiff name:_____

Address:_____

Telephone:_____

Email address: _____

Defendant Attorney/Firm Name:_____

Self-Represented Defendant name:_____

Address:_____

Telephone:_____

Email address:_____

Defendant Attorney/Firm Name:_____

Self-Represented Defendant name:_____

Address:_____

Telephone:_____

Email address:_____

Defendant Attorney/Firm Name:_____

Self-Represented Defendant name:_____

Address:_____

Telephone:_____

Email address:_____

Defendant Attorney/Firm Name:_____

Self-Represented Defendant name:_____

Address:_____

Telephone:_____

Email address:_____