

Reference AID

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Reference SID

CALENDAR ASSIGNMENT SHEET

THIS FORM MUST BE COMPLETED AND RETURNED TO US AS QUICKLY AS POSSIBLE.

Attorney: _____
Firm: _____
Contact: _____
Street: _____
City, Zip: _____
Phone: _____
Fax: _____
After Hours: _____

Case Name: _____
Case Number: _____
Your File Number: _____
Your Client: _____
Appearance Type: _____
Date: _____
Court: _____
City: _____ **Dept.:** _____
Time: _____ **Cal#:** _____

Type of Case: _____

Amount in Question: _____

Date Complaint Filed: ____/____/____

If PI, Injury Type: _____

Meds Specials: _____

Lost Earnings: _____

Prop Damage: _____

Have all Parties Been Served: ___Yes / NO___

If NO, Who hasn't been served and Why:

How do you plan to Serve Them When:

Have all Defend/Cross Def. Answered? ___Yes / NO___

If NO, Who hasn't Answered yet?

If NO, When do you expect the Answers:

Status of Discovery:

Should Case be Sent to Arbitration? ___Yes / NO___

If Yes, Desired Arbitrator: _____

If NO, Why Exempt: _____

Should Case be Set for Trial? ___Yes / NO___

Jury Trial? ___Yes / NO___ Number of Days: _____

Will you stipulate to a commissioner? ___Yes / NO___

If Required, has CMC Questionnaire been Filed? ___Yes / NO___

If Yes, FAX A COPY TO US. IF YOU DON'T YOU MAY BE
SANCTIONED.

If NO, Why Not? _____

If NO, SEND US A CURRENT, COMPLETED COPY AND WE
WILL TRY TO FILE IT FOR YOU.

If OSC for failure to appear, what was the reason for your
nonappearance:

FAX US A DECLARATION CONTAINING YOUR REASON FOR
NONAPPEARANCE.

If OSC Re: Arb, has Arb been completed? ___Yes / NO___

If Yes, Name of Arbitrator, Award, Who Filed DeNovo: Check One
_____ \$ _____ Pltf - Def

If NO, When is Arbitration Set? ____/____/____

What is the Desired Result of this Appearance?

