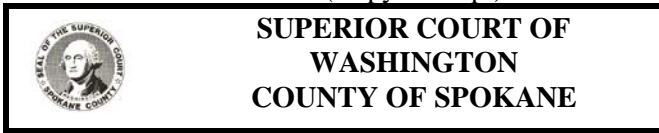


(Copy Receipt)

(Clerk's Date Stamp)



**SUPERIOR COURT OF
WASHINGTON
COUNTY OF SPOKANE**

Plaintiff(s)

CASE NO.

Vs.

**TRIAL MANAGEMENT JOINT REPORT
(JSR)**

Defendant(s)

Pursuant to LR 16 this Trial Management Joint Report must be filed and served in all cases governed by a Civil Case Schedule Order (LR 0.4.1). Failure to file and serve this report or to appear at the Pretrial Conference may result in the imposition of monetary sanctions, dismissal of the case, or entry of a default judgment. Failure to fully disclose all items required on this report may result in exclusion or restriction on use of evidence at trial. This is a **joint** report, requiring counsel to meet, confer, and attempt to resolve differences in the matter addressed in this report. A copy of this report must be provided to the assigned judge.

A. **MEETING:** The parties, by their attorneys, met at _____
 (address)
 on _____, could not settle the case and are prepared to proceed to trial.
 (date)

B. **NATURE OF CASE:** Provide a joint, brief, non argumentative description of the case, suitable for reading to the jury panel, as required by LR 51(a):

C. **TOTAL NUMBER OF TRIAL DAYS** (including plaintiff's and defendant's _____ case):

D. **LIST OF ISSUES WHICH ARE NOT IN DISPUTE:**

E. **LIST EACH ISSUE THAT IS DISPUTED** (Issues not identified here may not be raised at trial without leave of court):

F. **EXHIBITS:** Trial counsel shall meet premark and index all exhibits numerically as directed by the clerk of the assigned court. Court exhibit tags, available at the Spokane County Clerk's Office or from the courtroom court clerk, must be used showing the exhibit number, case name, and case number only. **The parties will submit their exhibits to the assigned court department pursuant to LCR 5(d)(6). The Clerk's Office will not accept exhibits.**

Counsel met on _____, conferred and reviewed a list of all exhibits which will be offered at trial. Any exhibit, which is not on said list of exhibits, will not be considered except by leave of court. No exhibits will be marked during trial while court is in session

Hearing Impaired Language Interpreter Other ____ (Please contact the assigned court department involving of special needs requests five days before scheduled court hearings and trials.)

I certify under penalty of perjury under the laws of the State of Washington that the fore going is true and correct:

DATED: _____

DATED: _____

Signed: _____

Signed: _____

Type Name: _____

Type Name: _____

Attorney for: _____

Attorney for: _____

Phone No.: _____

Phone No.: _____

WSBA No.: _____

WSBA No.: _____

DATED: _____

DATED: _____

Signed: _____

Signed: _____

Type Name: _____

Type Name: _____

Attorney for: _____

Attorney for: _____

Phone No.: _____

Phone No.: _____

WSBA No.: _____

WSBA No.: _____

DATED: _____

DATED: _____

Signed: _____

Signed: _____

Type Name: _____

Type Name: _____

Attorney for: _____

Attorney for: _____

Phone No.: _____

Phone No.: _____

WSBA No.: _____

WSBA No.: _____