

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:_____