


ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, RCTC Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
 RINCON CIVIL TRIAL COURT, RINCON BAND OF LUISEÑO INDIANS Email: Clerk@RinconTribalCourt.org Telephone: (760) 297-2326 Website: www.RinconTribalCourt.org	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
CASE MANAGEMENT STATEMENT (Check one): <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> TORT <input type="checkbox"/> OTHER	CASE NUMBER: JUDGE:
CASE MANAGEMENT CONFERENCE scheduled on: Date: _____ Time: _____	

INSTRUCTIONS: All applicable boxes must be checked, and the specified information must be provided. If additional space is needed, attach a page designated as “Attachment ____” (inserting the number of the item you are responding to) and state “See Attachment ____.” For example if you need more space to respond to #3.a.(1), attach a page entitled “Attachment 3.a.(1)” and state on this form “See Attachment 3.a.(1).”

1. Party or parties (answer one):

- a. ☐ This statement is submitted by party (name):
- b. ☐ This statement is submitted **jointly** by parties (names):

2. **Complaint and cross-complaint** (to be answered by plaintiffs and cross-complainants only)

- a. The complaint was filed on (date):
- b. ☐ The cross-complaint, if any, was filed on (date):

3. **Service** (to be answered by plaintiffs and cross-complainants only)

- a. ☐ All parties named in the complaint and cross-complaint have been served, have appeared, or have been dismissed.
- b. ☐ The following parties named in the complaint or cross-complaint

(1) ☐ have not been served (specify names and explain why not):

(2) ☐ have been served but have not appeared and have not been dismissed (specify names):

(3) ☐ have had a default entered against them (specify names):

- c. ☐ The following additional parties may be added (specify names, nature of involvement in case, and date by which they may be served):

4. **Description of case**

- a. Type of case in ☐ complaint ☐ cross-complaint (Describe, including causes of action):

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4. b. Provide a brief statement of the case, including any damages. *(If personal injury damages are sought, specify the injury and damages claimed, including medical expenses to date [indicate source and amount], estimated future medical expenses, lost earnings to date, and estimated future lost earnings. If equitable relief is sought, describe the nature of the relief.)*

5. **Trial date**

- a. ☐ The trial has been set for *(date)*:
- b. ☐ No trial date has been set. This case will be ready for trial within 12 months of the date of the filing of the complaint *(if not, explain)*:
- c. Dates on which parties or attorneys will not be available for trial *(specify dates and explain reasons for unavailability)*:

6. **Estimated length of trial**

The party or parties estimate that the trial will take *(check one)*:

- a. ☐ days *(specify number)*:
- b. ☐ hours (short causes) *(specify)*:

7. **Trial representation** *(to be answered for each party)*

The party or parties will be represented at trial ☐ by the attorney or party listed in the caption ☐ by the following:

- a. Attorney:
- b. Firm:
- c. Address:

d. Telephone number:

f. Fax number:

e. E-mail address:

g. Party represented:

8. Indicate if the party or parties are willing to participate in, have agreed to participate in, or have already participated in a settlement conference *(check all that apply and provide the specified information)*:

☐ The party or parties completing this form **are willing** to participate in a settlement conference *(check all that apply)*:

- ☐ Settlement conference not yet scheduled
- ☐ Settlement conference scheduled for *(date)*:
- ☐ Agreed to complete settlement conference by *(date)*:
- ☐ Settlement conference completed on *(date)*:

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9. Insurance

- a. ☐ Insurance carrier, if any, for party filing this statement (*name*):
- b. Reservation of rights: ☐ Yes ☐ No
- c. ☐ Coverage issues will significantly affect resolution of this case (*explain*):

10. Jurisdiction

Indicate any matters that may affect the court's jurisdiction or processing of this case and describe the status.

☐ Bankruptcy ☐ Other (*specify*):

Status:

11. Related cases, consolidation, and coordination:

- a. ☐ There are companion, underlying, or related cases.

(1) Name of case:

(2) Name of court:

(3) Case number:

(4) Status:

- b. ☐ A motion to ☐ consolidate ☐ coordinate will be filed by (*name party*):

12. Bifurcation

☐ The party or parties intend to file a motion for an order bifurcating, severing, or coordinating the following issues or causes of action (*specify moving party, type of motion, and reasons*):

13. Other motions

☐ The party or parties expect to file the following motions before trial (*specify moving party, type of motion, and issues*):

14. Discovery

- a. ☐ The party or parties have completed all discovery.
- b. ☐ The following discovery will be completed by the date specified (*describe all anticipated discovery*):

Party

Description

Date

- c. ☐ The following discovery issues, including issues regarding the discovery of electronically stored information, are anticipated (*specify*):

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15. Other issues

- ☐ The party or parties request that the following additional matters be considered or determined at the case management conference (*specify*):

16. Meet and confer

- a. ☐ The party or parties have met and conferred with all parties on all subjects required by rule 3.324(c) of the Rincon Rules of Court (*if not, explain*):
- b. ☐ After meeting and conferring as required by rule 3.324(c) of the Rincon Rules of Court, the parties agree on the following (*specify*):

17. Initial disclosures

- ☐ The parties have disclosed to one another the mandatory information required by Rincon Code of Civil Procedure §3.313(d)(1) (*if not, explain*):

18. Total number of pages attached (if any):

19. Statement by Attorney or Party:

I am completely familiar with this case and will be fully prepared to discuss the status of discovery, as well as other issues raised by this statement, and will possess the authority to enter into stipulations on these issues at the time of the case management conference, including the written authority of the party where required.

I certify, under penalty of perjury, that all matters discussed herein are true and correct under the laws of the Rincon Band of Luiseño Indians and the State of California. I have met in person with opposing counsel, and I made a good faith attempt to anticipate, discuss, and resolve any issues in this case over which opposing counsel and I may reach impasse, and I am prepared to have a detailed discussion with the court concerning this matter.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF PARTY OR ATTORNEY)

(TYPE OR PRINT NAME)



(SIGNATURE OF PARTY OR ATTORNEY)

- ☐ Additional signatures are attached.