**CASE MANAGEMENT FORM**

Circuit Criminal Division U

Case Management Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Counsel for the State and counsel for the Defendant shall complete one joint Case Management Form for each case in the trial docket, including all information requested in the form (including weeks preferred by counsel/ parties for trial (\*\*Note: Not binding on court) and any personal or medical conflicts, or prepaid vacations that may delay trial).**

**Upon completion of the Case Management Form, counsel shall email the complete Case Management Form to** CAD-DivisionU@pbcgov.org **no later than 5 business days prior to the Case Management date set forth above.**

**TRIAL DOCKET WEEKS:**

**WEEK 1**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WEEK 2**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WEEK 3:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WEEK 4:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COUNSEL SHALL COMPLETE THE FOLLOWING INFORMATION:**

**CASE NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CASE NUMBER**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRIAL COUNSEL/ CO-COUNSEL FOR STATE ATTORNEY CONTACT INFORMATION**:

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRIAL COUNSEL/ CO-COUNSEL FOR DEFENDANT(s) CONTACT INFORMATION:**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NATURE OF CASE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**JURORS REQUESTED FROM THE JURY OFFICE IF MORE THAN 42: ­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_

**SIZE OF JURY PANEL REQUIRED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ESTIMATED TIME REQUESTED FOR TRIAL (# of days)**: \_\_\_\_\_\_\_\_\_\_

**JURY OR NON-JURY: \_\_\_\_\_\_\_\_\_\_\_\_**

**IS SPEED TRIAL DATE RUNNING:** \_\_\_\_\_\_**Y** \_\_\_\_\_\_ **N**

**PREFERRED TRIAL WEEKS (choose three)**:

**\***Counsel/parties shall agree on and provide at least two weeks during the trial docket that all are available to begin trial during the trial docket. (Trial Dates are located under the U Trial Docket link on the divisional instructions)

*\*Preferred trial weeks are not necessarily the weeks you will be set for trial. The court will attempt to accommodate your requests; however, the case may be set for trial during the other weeks of the docket to also accommodate the Court’s schedule during the trial docket.*

**CONFLICTS DURING TRIAL DOCKET** (\*\*if there are conflicts during the trial docket, please include specific dates of conflict and the specific nature of conflict):

\*\**The Court will only recognize the following conflicts:*

* *Prepaid vacations*
* *Personal and/or Medical Conflicts*
* *Previously scheduled trials if older in time to case on this docket (Note: Court does not recognize conflicts as to non-trial, special set hearings)*

***All conflicts must indicate the date and reason for the conflict listed.***

**THANK YOU IN ADVANCE FOR YOUR COOPERATION AND TIMELY SUBMISSION OF THE E-CALENDAR CALL FORM FOR THIS TRIAL PERIOD**.

Upon submission of the Case Management Form, the Court will consider your availability and determine the trial docket.