

# BENCH TRIAL REPORTING FORM

1. Case Name: \_\_\_\_\_.

2. Case Number: \_\_\_\_\_.

3. The names of the individual attorneys who will try the case: \_\_\_\_\_  
\_\_\_\_\_.

4. Name of Guardian Ad Litem, if applicable: \_\_\_\_\_.

5. The email address at which you wish to receive notice of your trial date. \_\_\_\_\_  
\_\_\_\_\_.

6. Total time needed to try the case or motion: \_\_\_\_\_.

7. Do you want the case reported?        \_\_\_\_\_ Yes        \_\_\_\_\_ No

8. Dates of any properly filed leaves of absence. \_\_\_\_\_.

9. Please list all legal conflicts under uniform Superior Court Rule 17.1, with the following information:

<u>Name of case</u>	<u>Case Number</u>	<u>Name of Court</u>	<u>Date of Filing</u>	<u>Date of Conflict</u>
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10. Have you filed a motion to continue?        \_\_\_\_\_ Yes        \_\_\_\_\_ No

11. Name of Guardian Ad Litem, if

12. Please list the date the parties attended mediation. If the parties have not attended mediation, please explain why. \_\_\_\_\_  
\_\_\_\_\_.

13. Please list additional information you request the Court to consider:  
\_\_\_\_\_  
\_\_\_\_\_.

14. (To Be Completed By GAL)

a.) Have the parties been provided with the GAL's recommendation?        \_\_\_\_\_ Yes        \_\_\_\_\_ No

b) Has the Court been provided with the GAL's written report?        \_\_\_\_\_ Yes        \_\_\_\_\_ No

c) If the GAL has not completed a report, when will said report be completed? \_\_\_\_\_.