

**STATE BAR COURT  
HEARING DEPARTMENT**

**REQUEST FOR CONFIDENTIAL PREFILING SETTLEMENT CONFERENCE**

**CASE NUMBERS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all numbers; attach additional sheets as needed.

**Requesting party:** \_\_\_\_\_

Office of Chief Trial Counsel       Attorney       Counsel for Attorney       Both Parties

**Requesting party MUST fill in the following information:**

Both parties have mutually agreed to the available dates listed below.

Deputy Trial Counsel: \_\_\_\_\_

State Bar No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

State Bar No.: \_\_\_\_\_

Attorney: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Counsel for Attorney  
(if applicable): \_\_\_\_\_

State Bar No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

**Joint availability dates of parties:** *[Please provide the Court with a minimum of two dates including available times]*

Date	Time	Date	Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please return this request form by personal delivery, email, or mail:**

**State Bar Court**  
845 S. Figueroa St., 3rd Fl.  
Los Angeles, CA 90017-2515  
[PSCRequests@statebarcourt.ca.gov](mailto:PSCRequests@statebarcourt.ca.gov)

**State Bar Court**  
180 Howard Street, 6<sup>th</sup> Floor,  
San Francisco, CA 94105-1639  
[PSCRequests@statebarcourt.ca.gov](mailto:PSCRequests@statebarcourt.ca.gov)

.....  
(For State Bar Court Use Only)

PSC Judge assigned: \_\_\_\_\_

Requesting party notified of PSC date/time on: \_\_\_\_\_

Date assigned: \_\_\_\_\_

By: \_\_\_\_\_

PSC date/time: \_\_\_\_\_

Court Clerk