STATE BAR COURT HEARING DEPARTMENT –

REQUEST FOR CONFIDENTIAL PREFILING SETTLEMENT CONFERENCE

CASE NUMBE	ERS:			
	List all number	ers; attach additional sheets as needed.		
Please list any other State Bar Court ca asterisk (*). Please also list any public S facts or events.				
Name/Case Numb	er		Name/Case Numbe	er
Requesting party:				
☐ Office of Chief Trial Counsel	Attorney	Counsel for Attorney	☐ Both Parties	
Requesting party MUST fill in the follo	wing information:			
☐ Both parties have mutually agreed to t	he available dates list	ted below.		
Deputy Trial Counsel:			State Bar No.:	
Email Address:			Telephone No.:	
Attorney:			State Bar No.:	
Email Address:			Telephone No.:	
Counsel for Attorney (if applicable):			State Bar No.:	
Email Address:			Telephone No.:	
Joint availability dates of parties: [Plean	se provide the Court	with a minimum of two dates inclu	ding available times]	
Date	Time	Date		Time
Please return this request form by perso	onal delivery, email,			
State Bar Court 845 S. Figueroa St., 3 rd Fl. Los Angeles, CA 90017-2515 PSCRequests@statebarcourt.ca.gov		State Bar Court 180 Howard Street, 6 th Fl. San Francisco, CA 94105-1639 <u>PSCRequests@statebarcourt.ca.gov</u>		
		State Bar Court Use Only)		••••••
PSC Judge assigned: Date assigned: PSC date/time:		Requesting party notified of PSC date/time on: By: Court Clerk		