



CIVIL TRIAL INFORMATION STATEMENT (TIS)

IMPORTANT: The filing of this form is mandatory for all parties, pursuant to R. 4:36-2.

DOCKET NUMBER	CASE TYPE	TRACK
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DOCKET NUMBERS OF ANY CONSOLIDATED CASES

CASE NAME	Plaintiff	Defendant
VS		

ATTORNEY NAME, FIRM NAME AND ADDRESS	REPRESENTING (PARTY NAME)
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DESIGNATED TRIAL COUNSEL (IMPORTANT: Trial counsel designation is waived if not made or confirmed on this form. See R. 4:25-4 and R. 4:36-2(c).)	ATTORNEY PHONE NUMBER
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Do parties consent to voluntary binding arbitration? Yes No

NAME OF DEFENDANT'S PRIMARY INSTURANCE COMPANY, IF KNOWN
 None Uknown

Dates unavailable within 90 days (attorneys, parties and witnesses):

DATES	REASON
DATES	REASON
DATES	REASON
DATES	REASON

ESTIMATED TOTAL LENGTH OF TRIAL	NUMBER OF WITNESSES Plaintiff _____ Defendant _____
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Filing party must copy all other parties. Attach additional information if needed and check here _____.

I certify that discovery is complete and the case is ready for trial.

_____ Date _____ Signature _____ Print or type name of signer _____

