



# 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
---------------	-----------	-------

DOCKET NUMBERS OF ANY CONSOLIDATED CASES

CASE NAME	Plaintiff	Defendant
<b>VS</b>		

ATTORNEY NAME, FIRM NAME AND ADDRESS	REPRESENTING (PARTY NAME)
--------------------------------------	---------------------------

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
--	-----------------------

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 _____
---------------------------------	--

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 \_\_\_\_\_

PLEASE ADVISE COURT OF DISABILITY OR LANGUAGE INTERPRETATION ACCOMMODATION NEEDS.