



C. **TOTAL NUMBER OF TRIAL DAYS** (including plaintiff's and defendant's \_\_\_\_\_ case):

D. **LIST OF ISSUES WHICH ARE NOT IN DISPUTE:**

E. **LIST EACH ISSUE THAT IS DISPUTED** (Issues not identified here may not be raised at trial without leave of court):

F. **EXHIBITS:** Trial counsel shall meet premark and index all exhibits numerically as directed by the clerk of the assigned court. Court exhibit tags, available at the Whitman County Clerk's Office or from the courtroom court clerk, must be used showing the exhibit number, case name, and case number only.

Counsel met on \_\_\_\_\_, conferred and reviewed a list of all exhibits which will be offered at trial. Any exhibit, which is not on said list of exhibits, will not be considered except by leave of court. No exhibits will be marked during trial while court is in session.



**H. IF APPLICABLE ATTACH ONE CLEAN COPY AND ONE COPY WITH CITATIONS OF PLAINTIFF'S REQUESTS FOR JURY INSTRUCTIONS:**

**I. IF APPLICABLE ATTACH ONE CLEAN COPY AND ONE COPY WITH CITATIONS OF DEFENDANT'S REQUESTS FOR JURY INSTRUCTIONS:**

**J. LIST OF NAMES AND SCHEDULE OF ALL LAY AND EXPERT WITNESSES:**

Describe type of witness (lay, treating, expert) and party calling witness. Please estimate all necessary time for presentation of all direct and cross-examination. Rebuttal witnesses need not be listed.

NAME	PARTY	ESTIMATED TIME FOR WITNESS'S TESTIMONY

Attorneys, parties, or witness(s) have the following special need that needs to be addressed:

\_\_\_\_ Hearing Impaired \_\_\_\_ Language Interpreter \_\_\_\_ Other \_\_\_\_ (Please contact the court administrator involving special needs requests five days before scheduled court hearings and trials.)

DATED: \_\_\_\_\_

Signed: \_\_\_\_\_

Type Name: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

WSBANo.: \_\_\_\_\_

DATED: \_\_\_\_\_

Signed: \_\_\_\_\_

Type Name: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

WSBA No.: \_\_\_\_\_

DATED: \_\_\_\_\_

Signed: \_\_\_\_\_

Type Name: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

WSBA No.: \_\_\_\_\_

DATED: \_\_\_\_\_

Signed: \_\_\_\_\_

Type Name: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

WSBA No.: \_\_\_\_\_



