

APPEARANCE FORM
PICK UP JUDGE'S RULES AND REQUIREMENTS

REFERRING ATTORNEY	
CLIENT'S NAME	
CASE NAME	
APPEARANCE DATE/TIME	
COURT & DEPT./DIVISION	
TYPE OF HEARING: OSC CMC MSC	_____ _____ _____
BRIEF DESCRIPTION OF CASE <ul style="list-style-type: none"> • see attached CMC statement 	
INJURIES:	
MEDICALS TO DATE	\$
LOSS OF EARNINGS	\$
OUTCOME OF THE HEARING: 1. OSC Date/Time 2. CMC Date/Time 3. IF MEDIATION 1) MCD 2) PMSC Date/Time 4. IF ARBITRATION: 1) ACD 2) PASC Date/Time 5. MSC Date/Time 6. FSC Date/Time 7. TRIAL Date/Time	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
UNAVAILABLE DATES of REFERRING ATTORNEY DUE TO: Vacations, Trials, Etc.	