IN THE TRIBAL COURT OF THE PRAIRIE ISLAND INDIAN COMMUNITY

STATE OF MINNESOTA

Attorney, Party Without Attorney or Governmental Agency (Name, State bar number (if applicable), and address)

(Name, State oar number (11 applicable), a	ind address)
Telephone Number: Fax Number: Attorney for:	
, Plaintiff.	CASE NO CASE MANAGEMENT CONFERENCE
v.	STATEMENT
Defendant.	Date: Time: Judge:
A CASE MANAGEMENT CONFERENCE	CE HAS BEEN SCHEDULED AS FOLLOWS:
Date: Time	e: Room:
1. Party or parties (answer one):	
☐ This statement is submitted by	party (name):
☐ This statement is submitted join 2. The complaint was filed on (date) files on (date)	ntly by parties (names): and the cross-complaint, if any, was
3. Service (to be answered by plaintiffs a	and cross-complainants only)

a.	☐ All parties named in the complaint and cross-complaint have been served, or have appeared, or have been dismissed.				
b.	☐ The following parties named in the complaint or cross-complaint				
	(1) \square Have not been served (specify name and explain why not):				
	(2) ☐ Have been served but have not appeared and have not been dismissed (specify names)				
	(3) \square Have had a default entered against them (specify names):				
c. The following additional parties may be added (specify names, nature involvement in case and the date by which they may be served):					
Des	scription of the case				
a.	Type of case in \Box complaint \Box cross-complaint (describe, including causes of action):				
dan explos	Provide a brief statement of the case, including any damages. (If personal injury mages are sought, specify the injury and damages claimed, including medical penses to date [indicate source and amount], estimated future medical expenses, at earnings to date, and estimated future lost earnings. If equitable relief is sought, scribe the nature of the relief.)				

4.

☐ If more space is needed, check this box and attach an additional page.
5. Jury or non-jury trial
The party or parties request \Box a jury trial \Box a non jury trial (if more that one party, provide the name of each party requesting a jury trial):
6. Trial Date
a. The trial has been set for (date):
 b. □ No trial date has been set. This case will be ready for trial within 12 months of the date of filing of the complaint (if not, explain)
c. Dates on which parties or attorneys will not be ready for trial (specify dates and explain reasons for unavailability):
7. Estimated length of trial
The party or party estimates that the trial will take (check one):
a. □ days (specify)
b. □ hours (specify)
8. Who will be representing you at trial (to be answered by each party)? State name, address and telephone number:

9. This case is entitled to preference (state reasons why):				
10. Alternate Dispute Resolution (ADR)				
a. The party or parties are willing to participate in (check all that apply):				
(1) \square Mediation				
(2) Non-binding judicial arbitration				
(3) Binding judicial arbitration				
(4) ☐ Binding private arbitration				
(5) ☐ Neutral case evaluation				
(6) ☐ Other (specify):				
11. The party or parties are willing to participate in an early settlement conference (specify when):				
12. Insurance				

a. \square Insurance carrier, if any, for any party filing this statement (name):			
b. Reservation of rights □ yes □ no			
c. \square Coverage issues will significantly affect the resolution of this case (explain)			
13. Related cases, consolidation and coordination			
 There are companion, underlying or related cases (name, number, court, and status): 			
b. A motion to consolidate coordinate will be filed by (name):			
14. Bifurcation			
☐ The party or parties intend to file a motion for an order bifurcating, severing or coordinating the following issues or causes of action (specify moving party, type of motion and reasons):			

15. Other motions
The party or parties expect to file the following motions before trial (specify moving party, type of motion, and issues):
16. Discovery
a. \square The party or parties have completed all discovery.
b. \Box The following discovery will be completed by the date specified (describe all anticipated discovery):
17. Other Issues
☐ The party or parties request that the following additional matters be considered or determined at the case management conference (specify):
18. Meet and Confer

a. \square The party or parties have met and conferred with all parties on all subjects.

b. \square After meeting and conferring the parties agree on the following (specify):				
10. Casa managament Oudous				
19. Case management Orders				
Previous case management orders in this case	are (check one):□ none	☐ attached.		
I am completely familiar with this case and will be fully prepared to discuss the status of discovery and ADR, as well as other issues raised by this statement, and will possess the authority to enter into stipulations on these issues at the time of the case management conference, including the written authority of the party where required.				
Date:				
type or print name	signature of party or	attorney		
type or print name	signature of party or	attorney		