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CALENDAR ASSIGNMENT SHEET

Firm: _____ **Case Name:** _____

Your Client: _____ **Case Number:** _____

Appearance Type: _____ **Appearance Date:** _____

Phone: _____ **Fax:** _____

Court: _____ **Dept:** _____ **Time:** _____

Date of Incident: _____ **Date Complaint Filed:** _____

Type of case: _____ **Type of injury:** _____

Is Case at Issue: _____ **Parties still needed to be served:** _____

Briefly describe case/accident: _____

Damages: _____ **Medicals:** _____ **Future Medicals:** _____

Is there Loss of Earnings: _____ **Status of Discovery:** _____

Trial Counsel's available trial dates: _____

Jury Trial requested: _____ **Estimated trial time:** _____

WHAT IS THE DESIRED RESULT OF THIS APPEARANCE?
