

# REQUEST FOR INFORMAL TELEPHONIC DISCOVERY CONFERENCE

Please submit the completed form to [MAA\\_Chambers@cacd.uscourts.gov](mailto:MAA_Chambers@cacd.uscourts.gov).

The parties are encouraged not to exceed the space provided.

Case Name:  Case Number:

Fact Discovery Cutoff Date:  Expert Discovery Cutoff Date:

Dates of the two conferences of counsel pursuant to Local Rule 37-1: 1.  2.

Primary counsel of record who will appear at the informal telephonic conference:

*For Plaintiff(s)/Petitioner(s):*

*For Defendant(s)/Respondent(s):*

Stipulated dates and times proposed for the conference:

1.  2.  3.

Brief, neutral statement of dispute (please attach discovery requests and responses, if applicable):

Relief requested by party seeking discovery:

Summary of parties' respective positions:

*Moving Party:*

*Responding Party:*