UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

[PLAINTIFF],

Plaintiff(s),

against

[DEFENDANT],

Defendant(s).

CIVIL ACTION NO.: ____Civ. ____()(VF)

CASE REPORT AND PROPOSED CASE MANAGEMENT PLAN FOR PRO SE CASE

1. <u>Summary of Claims, Defenses, and Relevant Issues</u>:

Plaintiff/Defendant (circle one)

2. I understand my obligation to preserve information relevant to this action and I am preserving that information now.

Plaintiff/Defendant (circle one)

3. <u>Proposed Schedule</u>:

All discovery must be completed by_____.

- a. <u>Initial Requests for Documents</u> must be made by_____.
- b. <u>Depositions</u> shall be completed by ______.
 - i. Neither party may take more than depositions. Absent an agreement between the parties or an order from the Court, nonparty depositions shall follow initial party depositions.
- c. <u>Documents from Third Parties</u> (such as doctors) will/will not (circle one) be required. If required, the following are the Third Parties from whom the parties will request documents: ______
 - i. Subpoenas requesting documents from Third Parties must be served by_____. Any party that receives a production from a Third Party must provide a copy of that production to all other parties in this action.
- d. There will/will not (circle one) be expert testimony in this case. If expert testimony will be needed, please describe the topic on which each expert is expected to testify.

Written reports by any expert(s) must be served on the other parties in this action by ______. Depositions of experts must be completed by _____.

4. Early Settlement or Resolution:

The parties have/have not (circle one) discussed the possibility of settlement. The parties request

a settlement conference by no later than______. The following information

is needed before settlement can be discussed:

5. <u>Other Matters</u>:

Plaintiff/Defendant (circle one) wishes to discuss the following additional topics at the Initial Case Management Conference.

Respectfully submitted this _____day of ______.

Name

Counsel for_____(if applicable)

Address

Email Address

Phone Number