## STATE BAR COURT HEARING DEPARTMENT – SAN FRANCISCO

## REQUEST FOR CONFIDENTIAL EARLY NEUTRAL EVALUATION CONFERENCE

## **CASE NUMBERS:**

	List all nur	mbers; attach additional sheets as a	needed.		
Requesting party:					
Office of Chief Trial Counsel	☐ Attorney	Counsel for Attorney	☐ Both Parties		
Requesting party MUST fill in the follow	ving information	n:			
☐ Both parties have mutually agreed to th	e available dates	listed below.			
Deputy Trial Counsel:			State Bar No.:		
Email Address:		Telephone No.:			
		Fax No.:			
Attorney:			State Bar No.:		
Email Address:			Telephone No.:		
			Fax No.:		
Counsel for Attorney (if applicable):			State Bar No.:		
Email Address:			Telephone No.:		
			Fax No.:		
Joint availability dates of parties: [Pleas	e provide the Co	urt with a minimum of two da	tes including available time	s]	
Date	Time	1	Date	Time	
Please return this request form to:					
State Bar Court 180 Howard St., 6 <sup>th</sup> Floor San Francisco, CA 94105-1639 Fax No. (415) 538-2043					
	(	For State Bar Court Use Only)			
ENEC Judge assigned: Date assigned: ENEC date/time:		Requesting par By:	Requesting party notified of ENEC date/time on: By:  Court Specialist		