

**STATE BAR COURT  
HEARING DEPARTMENT – LOS ANGELES**

**REQUEST FOR CONFIDENTIAL EARLY NEUTRAL EVALUATION CONFERENCE**

**CASE NUMBERS:**

List all numbers; attach additional sheets as needed.

**Requesting party:**

Office of Chief Trial Counsel       Attorney       Counsel for Attorney       Both Parties

**Requesting party MUST fill in the following information:**

Both parties have mutually agreed to the available dates listed below.

Deputy Trial Counsel:

Email Address:

State Bar No.:

Telephone No.:

Fax No.:

Attorney:

Email Address:

State Bar No.:

Telephone No.:

Fax No.:

Counsel for Attorney  
(if applicable):

Email Address:

State Bar No.:

Telephone No.:

Fax No.:

**Joint availability dates of parties: *[Please provide the Court with a minimum of two dates including available times]***

Date	Time	Date	Time
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**Please return this request form by personal delivery, facsimile, email, or mail:**

**State Bar Court**  
845 S. Figueroa St., 3<sup>rd</sup> Fl. Los Angeles, CA  
90017-2515 Fax No. (213) 765-1568  
[ENECRequests@statebarcourt.ca.gov](mailto:ENECRequests@statebarcourt.ca.gov)

.....  
(For State Bar Court Use Only)

ENEC Judge assigned:

Date assigned:

ENEC date/time:

Requesting party notified of ENEC date/time on:

By:

Court Clerk