STATE BAR COURT HEARING DEPARTMENT – SAN FRANCISCO

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 follo	wing information	1:			
☐ Both parties have mutually agreed to t	he available dates	listed below.			
Deputy Trial Counsel:			State Bar No.:		
Email Address:		Telephone No.:			
			Fax No.:		
Attorney:			State Bar No.:		
Email Address:			Telephone No.:		
G IS An			Fax No.:		
Counsel for Attorney (if applicable):		State Bar No.:			
Email Address:			Telephone No.:		
			Fax No.:		
Joint availability dates of parties: [Plea	se provide the Co	urt with a minimum of two da	tes including available times]	
Date	Time]	Date	Time	
Please return this request form by person	onal delivery, fac	simile, email, or mail:			
State Bar Court 180 Howard St., 6 th Floor San 94105-1639 Fax No. (415) 538- ENECRequests@statebarcour	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 Clerk		