

CIVIL CAUSE NUMBER: \_\_\_\_\_

PLAINTIFF \_\_\_\_\_  
VS. \_\_\_\_\_  
DEFENDANT \_\_\_\_\_

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IN THE 7TH JUDICIAL  
DISTRICT COURT IN AND FOR  
SMITH COUNTY, TEXAS

CIVIL CASE JOINT QUESTIONNAIRE

This form must be completed and filed by the Plaintiff after conferring with all counsel and pro se parties. The completed questionnaire must be filed with the court within ninety (90) days of the filing of suit or the case will be noticed for DISMISSAL FOR WANT OF PROSECUTION. In setting dates, the court will not consider the concerns of any party who fails to assist in completing this questionnaire. If you have any questions, contact the Court Administrator/Coordinator of the Court. This form does not constitute a discovery request, response or supplementation, and is not admissible at trial.

THIS IS A LEVEL \_\_\_\_\_ CASE (LEVEL 1, 2 or Requested LEVEL 3)

Largest monetary damages sought:  Less than \$100,000  \$100,000 - \$500,000  Greater than \$500,000

Are there any counterclaims:  Yes  No Have all defendants been served?  Yes  No

Will additional parties be added?  Yes  No

Will this case be tried NON-JURY?  Yes  No  0-3 months  4-6 months  7-12 months  More than 12 months

Estimated time from today's date needed for discovery:

If parties disagree: Plaintiff needs \_\_\_\_\_ months Defendant needs \_\_\_\_\_ months

Estimated total time needed for trial  Less than 1 day  3-5 days  6-10 days  More than 10 days

If parties disagree, total time estimates: Plaintiff \_\_\_\_\_ days Defendant \_\_\_\_\_ days

Is there a likelihood of experts other than treating physicians or experts on attorney fees?  Yes  No

Is immediate ADR requested?  Yes  No

Have the parties agreed on a mediator? If so, name: \_\_\_\_\_

Other information that may aid or affect the court in scheduling this case for trial:  
\_\_\_\_\_  
\_\_\_\_\_

PLAINTIFF CONTENDS: State and Local guidelines call for trial settings and rules pursuant to LEVEL \_\_\_\_\_ classification. This case shall be tried within \_\_\_\_\_ months from the filing date.

(a) Suggested trial date: \_\_\_\_\_  
(b) Suggestions for time needed for pre-trial deadlines, if any:  
JOINDER: \_\_\_\_\_  
ADR complete: \_\_\_\_\_  
DISCOVERY DEADLINE: \_\_\_\_\_  
EXPERT WITNESS DESIGNATION:  
Plaintiff \_\_\_\_\_  
Defendant \_\_\_\_\_  
FACT WITNESS LISTS: \_\_\_\_\_  
AMENDING PLEADINGS: \_\_\_\_\_

(c) Do the parties request a STATUS CONFERENCE with the Court?  Yes  No

Date completed: \_\_\_\_\_

Signature of those completing this questionnaire. Please attach a separate sheet which includes the name, bar number, mailing address, phone number and signature of each attorney or pro se party assisting in completing this questionnaire. Also attach a list of the name, bar number, mailing address and phone number of each attorney or pro se party failing to assist in completing this questionnaire and reasons for such failure.

FOR COURT PURPOSES ONLY: LEVEL ASSIGNMENT \_\_\_\_\_ DATE OF SCHEDULING ORDER \_\_\_\_\_