

**IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF MARICOPA**

STATE OF ARIZONA

v.

_____,
DEFENDANT

No. CR_____

Judge _____

**COMPLEX CASE
JOINT CASE MANAGEMENT PLAN**

HEARING DATE: _____

**** Parties must file this statement 3 court days before hearing date.****

REQUEST FOR APPEARANCE HEARING

Note: *To request an appearance hearing file this form at least 3 court days before the hearing date and email a courtesy copy to the case management division.*

1. Is any party requesting an appearance hearing? Yes No
If yes, who is requesting the hearing? State Defendant
2. Provide the basis for the requested hearing (*e.g.*, change of plea; pending motions, etc.):

3. Does Defendant want their presence waived? Yes No

1. Proposed FTMC/trial dates:

2. Length of trial and number of witnesses:

3. Brief summary of alleged facts:

4. Discovery production schedule:

5. Witness interview schedule:

6. List of anticipated motions and whether they will require an evidentiary hearing. If a hearing is requested, give approximate length of time needed for hearing and proposed schedule:

7. Schedule for filing motions, responses and replies:

8. Schedule for Motions in Limine:

9. Expert witness issues (dates for defense to disclose experts and opinions, if different date than called for in Rule 15):

10. Special investigative needs:

11. General status of plea negotiations:

12. Plea cutoff date:

13. Settlement conference date, if one has been scheduled:

14. Translation/ interpreter needs:

15. Proposed Schedule for regular Case Management Conferences (e.g., every 30/45 days):

16. Additional relevant information for Court's consideration:

17. Victims' rights have been complied with (as applicable) Yes No

Prosecutor

Name: s/ _____

Bar Number: _____

Address: _____

Email: _____

Telephone: _____

Date Submitted: _____

**Defense Counsel or
Self-Represented Defendant**

Name: s/ _____

Bar Number: _____

Address: _____

Email: _____

Telephone: _____