

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

**STATE OF ARIZONA**

v.

\_\_\_\_\_,  
**DEFENDANT**

No. CR \_\_\_\_\_

Judge \_\_\_\_\_

**COMPREHENSIVE PRETRIAL  
CONFERENCE STATEMENT**

**HEARING DATE:** \_\_\_\_\_

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

**A. List Charges:** \_\_\_\_\_

**B. Status of Plea Negotiations:**

1. Has a plea offer been made?  Yes  No  
If yes, when does the plea offer expire? \_\_\_\_\_.
2. Has a settlement conference been held?  Yes  No
3. Has a *Donald* advisement been made?  Yes  No

**C. Status of Disclosures:**

1. Has the Rule 15.1 disclosure been filed  Yes  No
2. Has the Rule 15.2 disclosure been filed  Yes  No  
If not, explain what needs to be completed: \_\_\_\_\_.

**D. Number of Trial Days (including jury selection):** \_\_\_\_\_.

**E. Jury Panel Size:** \_\_\_\_\_ Jurors + \_\_\_\_\_ Alternates

**F. Witnesses to be used at Trial:**

1. Total Number of Witnesses: State: \_\_\_\_\_ Defense: \_\_\_\_\_
2. Number of Out-of-State Witnesses: State: \_\_\_\_\_ Defense: \_\_\_\_\_
3. Number of Expert Witnesses: State: \_\_\_\_\_ Defense: \_\_\_\_\_

**G. Interviews/Depositions:**

1. Number of interviews completed: \_\_\_\_\_
2. Number of interviews left to be completed: \_\_\_\_\_
3. Number of depositions required: \_\_\_\_\_

**H. Translation/Interpreter Issues:**

- 1. Do the parties have any translations pending?  Yes  No  
If yes, nature of translation and anticipated completion date: \_\_\_\_\_
- 2. Is an interpreter required for any pretrial hearing or trial?  Yes  No  
If yes, language required, persons needing interpretation, and when: \_\_\_\_\_

**I. Substantive Motions & Motions in Limine**

- 1. Do the parties anticipate filing substantive motions?  Yes  No  
If yes, list the type of motion and whether a hearing is required  
(**NOTE: Substantive motions are due 30 days before the FTMC**): \_\_\_\_\_
- 2. Do the parties anticipate filing motions *in limine*?  Yes  No  
*Motions in limine are due 20 days before the FTMC.*

**J.** Is the State requesting an aggravating factors trial to the jury?  Yes  No

**K.** Will counsel be requesting special jury instructions?  Yes  No  
If yes, please explain: \_\_\_\_\_

**L.** Will counsel be requesting lesser included offense(s)?  Yes  No  
If yes, please explain: \_\_\_\_\_

**M.** Victims' Rights have been complied with (as applicable)  Yes  No

**Prosecutor**

Name: s/ \_\_\_\_\_  
 Bar Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Defense Counsel or  
Self-Represented Defendant**

Name: s/ \_\_\_\_\_  
 Bar Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Telephone: \_\_\_\_\_