

MAINE JUDICIAL BRANCH

REQUEST FOR PROTECTION ON TRIAL LIST

To:

Name and Address of Court:

RE:

Docket Number and Case Name:

Docket No: _____

Case Name: _____

Request of: Plaintiff Defendant

This case is scheduled for trial list beginning (mm/dd/yyyy): _____
The parties' good faith credible estimate of the time required for the trial is _____ days.

The following requests for protection from trial are made for the following reason:

	Date(s) Requested (mm/dd/yyyy)	Reason(s)
<input type="checkbox"/>	1. _____	_____
<input type="checkbox"/>	2. _____	_____
<input type="checkbox"/>	3. _____	_____
<input type="checkbox"/>	4. _____	_____
<input type="checkbox"/>	5. _____	_____
<input type="checkbox"/>	6. _____	_____

Date (mm/dd/yyyy): _____  _____
[Attorney for] Plaintiff Defendant

PLEASE NOTE: A request for protection is allowed only if the box to the left of the request is checked. A disallowed request that relates to a scheduling conflict with another court may be reconsidered if it becomes more certain that the conflict will actually occur.

Date (mm/dd/yyyy): _____  _____
 Judge Justice

DO NOT DOCKET

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