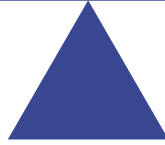


Geary D. Cortes

Judge of the Superior Court, Retired

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CASE SUBMISSION FORM:

Date: _____

Case Caption & Number: _____

Nature of Dispute: _____

Party/Attorney: Please indicate the party, attorney and firm, including the attorney's address, telephone number, fax number and e-mail.

Party: _____

Attorney/Firm: _____

Address: _____

Telephone: _____ Fax: _____ E-Mail: _____

Party: _____

Attorney/Firm: _____

Address: _____

Telephone: _____ Fax: _____ E-Mail: _____

Party: _____

Attorney/Firm: _____

Address: _____

Telephone: _____ Fax: _____ E-Mail: _____

Party: _____

Attorney/Firm: _____

Address: _____

Telephone: _____ Fax: _____ E-Mail: _____

Party: _____

Attorney/Firm: _____

Address: _____

Telephone: _____ Fax: _____ E-Mail: _____

Trial Date: _____

Trial Judge _____

Request For Hearing: It is requested that this matter be set for hearing on _____, or the first available date, thereafter.

Time Estimate For Hearing: 1/2 day _____, Full day _____,

Other: _____

Date and Signature of Attorneys:

Date: _____
Signature

Date: _____
Signature

Date: _____
Signature

Date: _____
Signature

Date: _____
Signature