



The Magistrates' Court of Bermuda

Case Management Form

CASE NO: _____

NAME OF PARTIES: 1. _____
 2. _____
 3. _____

COUNSEL FOR THE PARTIES (if any): 1. _____
(indicate who Counsel act for) 2. _____
 3. _____
 4. _____
 5. _____

ESTIMATED TIME OF TRIAL/HEARING: _____

VARIATION OF ESTIMATED TIME OF TRIAL/HEARING: _____
(if an application is made)

LEGAL ISSUES IN DISPUTE:

1. _____

2. _____

3. _____

4. _____

COMMENCEMENT DATE OF TRIAL: _____

COMPLETION DATE OF TRIAL: _____
(give reasons if trial could not be completed within 3 months)