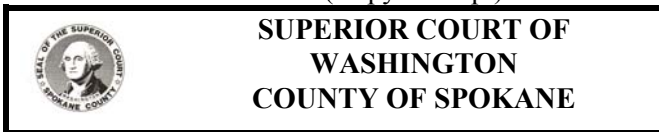


(Copy Receipt)

(Clerk's Date Stamp)



**SUPERIOR COURT OF  
WASHINGTON  
COUNTY OF SPOKANE**

STATE OF WASHINGTON,

CASE NO. \_\_\_\_\_

v

**CRIMINAL TRIAL MANAGEMENT  
JOINT REPORT  
(JSR)**

\_\_\_\_\_,  
DEFENDANT.

Out of Custody

In Custody      DOB: \_\_\_\_\_

SPEEDY TRIAL DATE: \_\_\_\_\_

ADD'L BUFFER PERIOD: \_\_\_\_\_ Days Beyond

TRIAL DATE: \_\_\_\_\_

This is a **joint** report, requiring counsel to meet, confer, and attempt to resolve differences in the matter addressed in this report. A signed copy of this report must be provided to the Criminal Presiding Judge. This is not a substitute for compliance with applicable court rules.

A. **MEETING:** The parties, by their attorneys, conferred \_\_\_\_\_  
(address)  
on \_\_\_\_\_, could not settle the case and are prepared to proceed to trial.  
(date)

B. **CHARGES CURRENTLY FILED:**

**(1) Proposed Amendment of Information:**

C. **TOTAL NUMBER OF TRIAL DAYS** (including State's and defendant's case):

**Pretrial Motions:** \_\_\_\_\_

**Trial (including jury selection):** \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

D. **LIST OF ISSUES/ELEMENTS OF THE OFFENSE(S) WHICH ARE NOT IN DISPUTE**  
(including stipulations):

E. **LIST EACH ISSUE/ELEMENT THAT IS DISPUTED (including affirmative defenses):**

F. **INDEX OF EXHIBITS:** The index shall indicate: (1) the exhibit number, (2) by whom offered, (3) a brief description, (4) whether the parties have stipulated to admissibility, and if not (5) the legal grounds for objection(s).

**\*(Please indicate any special handling required, i.e. biohazard.)**

EXHIBIT NUMBER (P OR D)	DESCRIPTION	STIPULATION AS ADMISSIBLE	OBJECTION/ GROUNDS (CITE ER)

G. **LIST OF STATE’S REQUESTS FOR WASHINGTON PATTERN JURY INSTRUCTIONS:** If original or pattern instructions which include bracketed material, attach a copy.

H. **LIST OF DEFENDANT’S REQUESTS FOR WASHINGTON PATTERN JURY INSTRUCTIONS:** If original or pattern instructions which include bracketed material, attach a copy.

I. **LIST OF NAMES AND SCHEDULE OF ALL LAY AND EXPERT WITNESSES:**  
Describe type of witness (lay/expert) and party calling witness. Please estimate all necessary time for presentation of all direct and cross-examination. Rebuttal witnesses need not be listed.

<b>NAME</b>	<b>PARTY</b>	<b>EST. TIME FOR WITNESS TESTIMONY</b>	<b>IN-CUSTODY (DOB)</b>

- J. Attorneys, parties, or witness(s) have the following special need that needs to be addressed:  
 Hearing Impaired  Language Interpreter  Other \_\_\_\_\_ (Please contact the assigned court department involving of special needs requests five days before scheduled court hearings and trials.)

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct:

DATED: \_\_\_\_\_

DATED: \_\_\_\_\_

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Type Name: \_\_\_\_\_

Type Name: \_\_\_\_\_

Attorney for: \_\_\_\_\_

Attorney for: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_

WSBA No.: \_\_\_\_\_

WSBA No.: \_\_\_\_\_