

In the General Court of Justice District Court Division STATE OF NORTH CAROLINA COUNTY OF MECKLENBURG	File No: _____ Additional File Notes: _____
STATE VERSUS	PRETRIAL READINESS CONFERENCE SCHEDULING ORDER
Name of Defendant _____	
Name of Co-Defendant(s), if any _____	

CASE INFORMATION:

Defendant in Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Pending Cases Involving Defendant(s): <input type="checkbox"/> Yes <input type="checkbox"/> No
Defendant Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, File Number(s): _____
Defense Counsel: <input type="checkbox"/> Appointed <input type="checkbox"/> Retained	Status of Other Pending Cases: _____
Assistant DA: _____	Defense Attorney: _____ Appeared: <input type="checkbox"/> Yes <input type="checkbox"/> No

ADA AND DEFENSE COUNSEL CERTIFY THAT:

<input type="checkbox"/> There are no conflicts regarding this case that would prevent this case from moving forward to trial.	
<input type="checkbox"/> DMVR/Video was requested on _____ (date) and has been received.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Knoll docs were requested on _____ (date) and have been received.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Blood results were received.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Forensic Eval was requested on _____ (date) and has been received.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The defense counsel is seeking the following documents and has made efforts to obtain them: _____	
<input type="checkbox"/> Pretrial motions are anticipated	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> They have met and discussed the case, including a plea offer, if applicable.	Plea Offer Extended: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Defense counsel has communicated with defendant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____	

CERTIFICATION SIGNATURES:

This is the _____ day of _____, 20_____.	
Assistant District Attorney: _____	Attorney for Defendant: _____

THIS CASE IS (TO BE COMPLETED BY JUDGE):

<input type="checkbox"/> Scheduled for trial	
Date: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Courtroom: _____ Duration: _____
<input type="checkbox"/> Scheduled for plea	
Date: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Courtroom: _____
<input type="checkbox"/> Scheduled for second pretrial readiness conference / Scheduled for case management conference	
Date: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Courtroom: _____

SIGNATURE:

This is the _____ day of _____, 20_____.
Honorable Judge Presiding: _____