

**CDR EXHIBIT LIST**

CASE NAME \_\_\_\_\_ DR# \_\_\_\_\_

DATE & TYPE OF HEARING \_\_\_\_\_ E# \_\_\_\_\_

EXHIBITS SUBMITTED BY: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

ATTORNEY FOR PLAINTIFF \_\_\_\_\_

ATTORNEY FOR DEFENDANT \_\_\_\_\_

ATTORNEY FOR CSEA \_\_\_\_\_

ATTORNEY FOR 3<sup>rd</sup> PARTY \_\_\_\_\_

<u>Exhibit ID.</u>	<u>LIST OF EXHIBITS and DESCRIPTION</u>	<u>Admitted</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>
<input type="checkbox"/>	_____	<input type="checkbox"/>
<input type="checkbox"/>	_____	<input type="checkbox"/>
<input type="checkbox"/>	_____	<input type="checkbox"/>
<input type="checkbox"/>	_____	<input type="checkbox"/>
<input type="checkbox"/>	_____	<input type="checkbox"/>
<input type="checkbox"/>	_____	<input type="checkbox"/>
<input type="checkbox"/>	_____	<input type="checkbox"/>
<input type="checkbox"/>	_____	<input type="checkbox"/>
<input type="checkbox"/>	_____	<input type="checkbox"/>
<input type="checkbox"/>	_____	<input type="checkbox"/>
<input type="checkbox"/>	_____	<input type="checkbox"/>
<input type="checkbox"/>	_____	<input type="checkbox"/>
<input type="checkbox"/>	_____	<input type="checkbox"/>

**REVIEWED FOR ACCURACY AND COMPLETENESS.**

JUDGE / MAGISTRATE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPPORT STAFF \_\_\_\_\_ DATE: \_\_\_\_\_

RECEIVED BY FILE ROOM STAFF \_\_\_\_\_ DATE \_\_\_\_\_