

# 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