

07CV 909 MUX
HONORABLE D. Doney

CT/cvmhrg (January 10, 2002)

DEPUTY CLERK Devo

RPTR/ERO/T/PE Marshall

TOTAL TIME: ___ hours 45 minutes

DATE Mar 6, 2009 START TIME 2:05 END TIME 2:50
LUNCH RECESS FROM ___ TO ___
RECESS FROM ___ TO ___ (if more than 1/2 hour)

Doe
vs.
Ciolli

CIVIL NO. 07CV 909 (CFD)

Berkowitz
Plaintiffs Counsel

SEE ATTACHED CALENDAR FOR COUNSEL

Fortner
Defendants Counsel

COURTROOM MINUTES - CIVIL (check one box)

- Motion Hearing
- Confirmation Hearing
- Show Cause Hearing
- Contempt Hearing
- Evidentiary Hearing
- Judgment Debtor Exam
- Probable Cause Hearing
- Fairness Hearing
- Settlement Hearing
- Miscellaneous Hearing

MOTION DOCUMENT NO.

<input checked="" type="checkbox"/> # <u>77</u>	Motion <u>to DISMISS</u>	<input type="checkbox"/> granted	<input type="checkbox"/> denied	<input checked="" type="checkbox"/> advisement
<input type="checkbox"/> #	Motion	<input type="checkbox"/> granted	<input type="checkbox"/> denied	<input type="checkbox"/> advisement
<input type="checkbox"/> #	Motion	<input type="checkbox"/> granted	<input type="checkbox"/> denied	<input type="checkbox"/> advisement
<input type="checkbox"/> #	Motion	<input type="checkbox"/> granted	<input type="checkbox"/> denied	<input type="checkbox"/> advisement
<input type="checkbox"/> #	Motion	<input type="checkbox"/> granted	<input type="checkbox"/> denied	<input type="checkbox"/> advisement
<input type="checkbox"/> #	Motion	<input type="checkbox"/> granted	<input type="checkbox"/> denied	<input type="checkbox"/> advisement
<input type="checkbox"/> #	Motion	<input type="checkbox"/> granted	<input type="checkbox"/> denied	<input type="checkbox"/> advisement
<input type="checkbox"/>	Oral Motion	<input type="checkbox"/> granted	<input type="checkbox"/> denied	<input type="checkbox"/> advisement
<input type="checkbox"/>	Oral Motion	<input type="checkbox"/> granted	<input type="checkbox"/> denied	<input type="checkbox"/> advisement
<input type="checkbox"/>	Oral Motion	<input type="checkbox"/> granted	<input type="checkbox"/> denied	<input type="checkbox"/> advisement
<input type="checkbox"/>	Oral Motion	<input type="checkbox"/> granted	<input type="checkbox"/> denied	<input type="checkbox"/> advisement
<input type="checkbox"/>	<input type="checkbox"/> Brief(s) due _____	<input type="checkbox"/> Proposed Findings due _____	Response due _____	
<input type="checkbox"/>			<input type="checkbox"/> filed	<input type="checkbox"/> docketed
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<input type="checkbox"/>			<input type="checkbox"/> filed	<input type="checkbox"/> docketed

Hearing continued until _____ at _____