



**First Judicial District of Pennsylvania**  
**Court of Common Pleas of Philadelphia County**  
**Trial Division – Civil Section**  
**CIVIL CASE MANAGEMENT CONFERENCE**

---

**ADVICE TO COUNSEL**

---

1. Be sure to fully complete the Case Management Conference Memorandum prior to the Case Management Conference. **Consult clients well in advance of the conference** to obtain pertinent information to prepare the memorandum. When supplying information on injuries or damages, it is insufficient for plaintiff to state “unknown,” “to be supplied,” or “under investigation.” In stating factual positions as to liability, it is insufficient to use non-descriptive terms, such as “liability certain,” “100% liability,” or “clear liability.” Litigants are asked to provide their date of birth, which is intended for Court use only and will not be made available to the public.<sup>1</sup>
2. Bring enough copies of the Case Management Conference Memorandum to supply to all parties at the time of the Conference, as copies may not be made at the Center. Bring an extra copy or two, if possible.
3. Be fully prepared to discuss issues relating to service of process, venue, pleadings, discovery, joinder of additional parties, theories of liability, damages, and applicable defenses. Parties are encouraged to discuss these issues amongst themselves prior to the conference when possible. **Participation from fully prepared and cooperative parties leads to a more productive and meaningful conference.** Failure to file a Complaint or effectuate service of process prior to the conference date may result in issuance of a Rule to Show Cause.
4. Conduct discovery as soon as practicable, even while awaiting disposition of preliminary objections. **The presumptive discovery deadlines are calculated from the filing date of an action, not from the date of the Case Management Conference.** The pendency of Preliminary Objections does not stay discovery. If a formal stay is necessary, the parties should petition the Court accordingly.
5. Consider voluntarily transferring your case to the Compulsory Arbitration Program where appropriate. **The Case Managers can generate a *Praecipe* to Transfer and schedule a**

---

<sup>1</sup> Disclosure of date of birth is voluntary. Effective September 5, 2017, in a continuing effort to implement the recommendations of the *Elder Law Task Force* appointed by the Supreme Court of Pennsylvania, litigants and other persons involved in civil proceedings on the Court of Common Pleas are being asked to provide date of birth information.

**hearing date for you.** All cases having an amount in controversy, exclusive of interest and costs, of \$50,000 and less (except cases involving title to real estate) shall be assigned to the Compulsory Arbitration Program. (See *Philadelphia County Rules*, Rule \*1301) The Team Leader Judges may *sua sponte* remand matters to the Compulsory Arbitration Program accordingly.

6. Be mindful that the **Case Management Conference is a Court proceeding.** The Case Managers are empowered by the Team Leader Judge to issue appropriate Orders to enforce compliance with program procedures and applicable Rules of Civil Procedure. Any Rule to Show Cause entered will be returnable before the Team Leader Judge. (See *Philadelphia County Rules*, General Court Regulation No. 95-2)
7. After you leave the Case Management Conference Center, carefully review the entire Case Management Order. **Be sure to promptly note all deadlines on your calendaring or tickler system.** You will receive notice from the Court of actual Settlement Conference and Pre-trial Conference dates and related instructions in due course.
8. Motions for Extraordinary Relief seeking extension of deadlines must be filed **before** the expiration of the deadlines at issue.
9. If the case settles prior to the Conference, a Settlement Letter must be filed through the Electronic Filing System (EFS). In the EFS, access the “Existing Case” section, select “Conference Submissions” as the filing category, then select “Settlement Letter” as the filing type.
10. Any request for continuance **must** be made in writing. Counsel must e-file letter requests electronically through the EFS. Access the “Existing Case” section, then choose “Case Management Conference Continuance Request” as the filing type. Self-represented litigants may send requests via first class mail, e-mail or the EFS, but **must** send a carbon copy to all opposing parties or their attorney of record:

Civil Case Management Conference Center  
ATTN: Request for Continuance  
613 City Hall  
Philadelphia PA, 19107  
[CivilCaseManagement@courts.phila.gov](mailto:CivilCaseManagement@courts.phila.gov)

Requests should be made at least 72 hours prior to the scheduled Case Management Conference.

11. Please direct any questions regarding Civil Case Management by e-mail to [CivilCaseManagement@courts.phila.gov](mailto:CivilCaseManagement@courts.phila.gov).

*Prepared by:*

Stanley Thompson, Esq.  
Director, Complex Litigation Center

**IN THE COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY  
FIRST JUDICIAL DISTRICT OF PENNSYLVANIA  
CIVIL TRIAL DIVISION**

:  
:  
:

**CASE MANAGEMENT CONFERENCE MEMORANDUM**

Filing party: \_\_\_\_\_ By: \_\_\_\_\_, Esq.

Counsel's address and telephone number (**IMPORTANT**) \_\_\_\_\_

---

**Part A**

*(to be completed in personal injury cases, including uninsured and underinsured motorist claims)*

1. Date of accident or occurrence: \_\_\_\_\_

2. Date of birth of your client: \_\_\_\_\_ Age on date of occurrence: \_\_\_\_\_

Unknown \_\_\_\_ Decline to provide \_\_\_\_

*NOTE: Date of birth information is intended for the Court's use only. The information will not be made available to the public.*

3. Most serious injuries sustained: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Is there any permanent injury claimed? Yes \_\_\_\_ No \_\_\_\_

If yes, indicate the type of permanent injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Dates of medical treatment: \_\_\_\_\_

6. Is medical treatment continuing? Yes \_\_\_\_ No \_\_\_\_

7. Has there been an inpatient hospitalization? Yes \_\_\_\_ No \_\_\_\_

8. Has there been any surgery? Yes \_\_\_\_ No \_\_\_\_

If yes, indicate the type of surgery: \_\_\_\_\_

***This form shall be presented to the Case Manager and copies served upon any party not served electronically by the Court at the time of the conference. All present must be prepared to discuss its contents.***

9. Approximate medical bills to date: \$ \_\_\_\_\_

10. Approximate medical bills recoverable in this case: \$ \_\_\_\_\_

11. Are there any existing liens (Workers' Compensation, DPW, Medical, etc.)? Yes \_\_\_ No \_\_\_

If yes, what type and approximate amount? \_\_\_\_\_

12. Time lost from work: \_\_\_\_\_

13. Approximate past lost wages: \_\_\_\_\_

14. Is there a claim for future lost earning capacity? Yes \_\_\_ No \_\_\_

If yes, approximate future lost earning capacity: \_\_\_\_\_

15. Are there any related cases or claims pending? Yes \_\_\_ No \_\_\_

If so, list caption(s) and docket number(s) or other appropriate identifier(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. Do you anticipate joining additional parties? Yes \_\_\_ No \_\_\_

17. Set forth a summary of facts giving rise to cause(s) of action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. Set forth a summary of facts in support of applicable defense(s) or any counterclaim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

19. Defense position as to causation of injuries alleged: \_\_\_\_\_

20. Identify all applicable insurance coverage:

*Defendant*

*Insurance Carrier*

*Coverage Limits*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21. Are there issues as to the applicability of the above insurance coverage? Yes \_\_\_ No \_\_\_

22. Demand: \$ \_\_\_\_\_ Offer: \$ \_\_\_\_\_

## Part B

*(to be completed in all cases other than personal injury)*

1. Date of contract or transaction: \_\_\_\_\_

2. Date of birth of your client: \_\_\_\_\_ Age on date of transaction: \_\_\_\_\_

Unknown \_\_\_\_\_ Decline to provide \_\_\_\_\_

*NOTE: Date of birth information is intended for the Court's use only. The information will not be made available to the public.*

3. Is there a writing? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, is there an allegation that the writing does not contain the entire agreement of the parties?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Is the Uniform Commercial Code applicable to this case? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Set forth a summary of facts giving rise to the cause of action:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Are there any related cases or claims pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, list caption(s) and docket number(s) or other appropriate identifier(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. Specific questions regarding ejectment and other property matters:

(a) How did plaintiff obtain title (Sheriff sale, deed transfer, etc.)? \_\_\_\_\_

(b) Date of Sheriff's sale or deed transfer: \_\_\_\_\_

(c) Date of deed's recording: \_\_\_\_\_

(d) Was a copy of the deed filed with the complaint, if not explain? \_\_\_\_\_

\_\_\_\_\_

(e) Was there ever a lease, if so when? \_\_\_\_\_

8. State the amount of damages claimed by Plaintiff:

(a) Direct \_\_\_\_\_

(b) Consequential \_\_\_\_\_

(c) Other (specify) \_\_\_\_\_

9. Set forth a summary of facts in support of applicable defense(s) or any counterclaim:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. If there is a counterclaim, state the amount of damages sought:

(a) Direct \_\_\_\_\_

(b) Consequential \_\_\_\_\_

(c) Other (specify) \_\_\_\_\_

11. Identify all applicable insurance coverage:

*Defendant*

*Insurance Carrier*

*Coverage Limits*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Demand: \$ \_\_\_\_\_ Offer: \$ \_\_\_\_\_

FORM 01-105 rev 11/27/18