CAUSE NUMBER_____

_____ IN THE DISTRICT COURT OF

vs. BRAZORIA COUNTY, TEXAS

_____ 490TH JUDICIAL DISTRICT

AGREED DOCKET CONTROL ORDER

CUT-OFF DATES

1. **NEW PARTIES** to be joined and served. The party causing such joinder shall provide copies of this order to the new party or parties. .. . . . . _____

2. Designation of **EXPERTS** for all **PLAINTIFFS**. . . . . _____

3. Designation of **EXPERTS** for all parties other than **PLAINTIFFS**. . . . . _____

4. Completion of **ALL DISCOVERY:** Counsel may, by agreed order, continue discovery beyond this deadline. . . . . _____

5. **PLAINTIFF'S AMENDED PLEADINGS** filed. . . . . _____

6. Parties other than **PLAINTIFF AMENDED PLEADINGS** filed. . . . . _____

7. Filing of affidavits for authentication of business and/or medical records. Comply with all filings and service requirements of T.R. (Civ. Evid. 902(10) . . _____

8. Filing of affidavits of necessity of services and reasonableness of charges. Comply with C.P.R.C. 18.001 . . . . . _____

9. Parties wishing to serve counter affidavits to affidavits of necessity of service and reasonableness of charges . . . . . _____
   NOTE: Date in No. 8 plus 30 days and at least 14 days before the day on which evidence is first presented at the trial of the case.

10. Deadline for mediation. . . . . _____

11. Cut-off date for hearing all dispositive motions (summary judgments, venue, pleas in abatement, pleas to jurisdiction, etc.) . . . . . _____

12. **PRE-TRIAL CONFERENCE** (Optional). Trial counsel are ordered to attend and be prepared to discuss all jury issues, and all other aspects of suit and trial_____

13. **TRIAL DATE (Jury or Non-Jury)**. . . . . _____
(Contact the court coordinator for available dates or consult the Court's calendar on the website.)

Number of days estimated for trial. . . . . _____

15. All parties hereby agree to the cut-off date time limits for actions to be taken, and to the discovery schedule herein as per Rule 166, T.R.C.P.

APPROVED:

_____ _____

Attorney of Record for_____ Attorney of Record for_____

Name: _____ Name: _____

Address: _____ Address: _____

_____ _____

E-mail:_____ E-mail:_____

_____ _____

Attorney of Record for_____ Attorney of Record for_____

Name: _____ Name: _____

Address: _____ Address: _____

_____ _____

E-mail:_____ E-mail: _____

SIGNED this the _____day of _____, 20_____.

_____
JUDGE PRESIDING