

MILWAUKEE COUNTY EXPEDITED SPEEDY TRIAL REQUEST

PLEASE NOTE: 1) This form must be completed and filed with the court jointly by the ADA and defense counsel for every expedited speedy jury trial request.

2) Cases selected and scheduled for speedy trial will have a meaningful pretrial *before the trial judge*, and thereafter a final pretrial the Thursday prior to the scheduled trial date to confirm selection as one of two trials and to determine whether your case is the number one or two trial for next week.

Date: _____ State vs. _____ Case Number(s): _____

Judge: _____ Defense Attorney: _____

Prosecutor: _____

CASE INFORMATION

Charges: _____ Age of Case: _____ days # Prior JT Adjournments: _____

Date of Speedy Trial Demand: _____ Any Outstanding Motions/Legal Issues: Yes No

If yes, explain: _____

DEFENDANT INFORMATION

Milwaukee County Jail House of Correction Other jail/prison _____

Length of Time in Custody: _____ days Other Holds/Cases Pending: Yes No

TRIAL INFORMATION

Length of Trial: _____ days # of State Witnesses _____ # of Defense Witnesses _____

High Profile: Yes No Recent Contact w/Victim and State's Witnesses: Yes No

Recent Contact w/Defense Witnesses: Yes No All Parties Agree to Appear In-Person: Yes No

OTHER INFORMATION/COMMENTS:

ADA: _____ DATE: _____

DEFENSE COUNSEL: _____ DATE: _____