**GOVERNMENT OF THE DISTRICT OF COLUMBIA**

**COMMISSION ON HUMAN RIGHTS**

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Marion S. Barry, Jr. Building

441 Fourth Street, NW, Suite 290N

Washington, DC 20001-2714

TEL: (202) 727-0656 FAX: (202) 727-3781 Email: Commission.COHR@dc.gov

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| --- | --- |
| **,**  **Complainant,** **v.** **,**  **Respondent.**  |  **Docket No.: Case No.** |

**JOINT PRE-HEARING STATEMENT**

**A. Parties and Counsel**

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| --- |
| **COMPLAINANT:** |
| **Complainant Name:** Click or tap here to enter text. |
| **Attorney:** Click or tap here to enter text. |
| **Address: City/State/Zip:** Click or tap here to enter text.Click or tap here to enter text. |
| **E-mail:** Click or tap here to enter text. | **Telephone:** Click or tap here to enter text. |
| **COMPLAINT/OFFICE OF HUMAN RIGHTS:** |
| **Attorney:** Click or tap here to enter text. |
| **Address: City/State/Zip:** Click or tap here to enter text.Click or tap here to enter text. |
| **E-mail:** Click or tap here to enter text. | **Telephone:** Click or tap here to enter text. |

|  |
| --- |
| **RESPONDENT:** |
| **Respondent Name:** Click or tap here to enter text. |
| **Respondent Representative:** Click or tap here to enter text. | **Email:** Click or tap here to enter text. |
| **Attorney:** Click or tap here to enter text. |
| **Attorney Address: City/State/Zip:** Click or tap here to enter text.Click or tap here to enter text. |
| **E-mail:** Click or tap here to enter text. | **Telephone:** Click or tap here to enter text. |

**B. Claims and Defenses:**

**Complainant’s claims:**

Click or tap here to enter text.

**Respondent’s Claims/Defenses:**

Click or tap here to enter text.

**C. Facts Stipulated (please number):**

1. Click or tap here to enter text.

**D. Facts/Issues in Dispute:**

1. Click or tap here to enter text.

**E. Complainant’s Requested Stipulations:**

1. Click or tap here to enter text.

**F. Respondent’s Requested Stipulations:**

1. Click or tap here to enter text.

**G. OHR’s Requested Stipulations:**

1. Click or tap here to enter text.

**H. Relief Sought**

Click or tap here to enter text.

**I. Complainant Witnesses and brief statement of their testimony**:

1. Click or tap here to enter text.

**J. Respondent Witnesses and brief statement of their testimony**:

1. Click or tap here to enter text.

**J. OHR Witnesses and brief statement of their testimony**:

1. Click or tap here to enter text.

**K. Exhibits – Please attach exhibit lists**

**Joint** exhibits shall be marked beginning with **J1. Complainant** exhibits shall be marked beginning with C1. **Respondent** exhibits shall be marking beginning with **R1. Office of Human Rights** exhibits shall be marked beginning with **OHR 1.**

The Parties shall indicate whether they stipulate to the admission of exhibits and if there are any objections to any exhibits.

**Objections:**

1. Click or tap here to enter text.

**L. Estimated Length of Hearing**

Click or tap here to enter text.

**M. Any comments, suggestions, or information which might assist the court in preparing for the hearing or otherwise aid in the disposition of the proceeding:**

Click or tap here to enter text.

**N. Certification of Meeting**

By signing below, the parties certify that on Click or tap to enter a date. the parties listed above met and conferred in good faith regarding the matters set forth above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap here to enter text.

Counsel for Complainant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap here to enter text.

Counsel for Respondent Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap here to enter text.

Counsel for Office of Human Rights Date