**United States District Court
Middle District of Florida
Orlando Division**

**,**

 **Plaintiff,**

**v. Case No:**

**,**

 **Defendant.**

*PROPOSED*

SCHEDULING ORDER FOR A
CLAIM-REVIEW CASE FILED UNDER E.R.I.S.A.

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| --- | --- |
| Deadline for filing of the administrative record:Deadline for filing of Plaintiff’s opening brief:Deadline for filing of Defendant’s brief:Deadline for filing of Plaintiff's reply brief:Deadline for Mediation:Mediator: |  |

Signed:

Counsel for Plaintiff: Counsel for Defendant:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Bar Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bar Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number:\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_