IN THE	COURT OF		
		COUNTY	
	STATE OF MISSISSIPPI		
(Name of Plaintiff)		PLAINTIFF	
VS.		CAUSE NO	
(Name of Defendant)		DEFENDANT	

## Motion of Defendant for a Discovery Conference

Comes now	(Name of
<i>Defendant)</i> , Defendant, in the above-captioned cause, by and through his attorned	ey, and moves
this Court to hold a discovery conference pursuant to Rule 26-c of the Mississipp	oi Rules of Civil
Procedure on the grounds that Defendant's counsel has conferred with Plaintiff's	s counsel and has
been unable to agree on the matters hereinafter set forth:	

1.

The issues to be tried in this matter are as follows: *(set forth Defendant's version)* 

2.

A reasonable plan and schedule of discovery is as follows: *(set forth Defendant's preference)* 

\_\_\_\_\_.

The following limitations should be placed on discovery: (set forth Defendant's preference) \_\_\_\_\_

4.

Other proposed orders with respect to discovery are the following: (set forth Defendant's preference) \_\_\_\_\_

Wherefore, Defendant respectfully moves the Court to order that a discovery conference be held on or before \_\_\_\_\_\_ (*date*), and that after such conference, the Court enter an Order fixing the issues to be tried; establishing a plan and schedule of discovery; setting limitations upon discovery, if any; and determining such other matters, including the allocation of expenses, as are necessary for the proper management of discovery in the case.

Respectfully submitted,

(Name of Defendant)

By: \_\_\_\_\_\_(Typed Name of Attorney)

(Signature of Attorney for Defendant)

## **Certificate of Service**

This	is	to	certify	that I,		
				(Name	of	Attorney),
attorney fo	or Defend	dant				
		(Nam	e of Defendant),	have this	s date	e served a
true and correc	ct copy of the	e above and	foregoing Mot	ion by U.S	5. Ma	il, postage
fully prepaid, t	o the followii	ng counsel o	f record for Pla	aintiff:		
	(1)	Jame of Attorn	ey for Plaintiff)			
	•	-				
		(City, State,	Zip Code)			
This the 20 .	eday	of				,
20						
			Respectfu	lly Subr	nitteo	1,
			(Printed Name	e)		
			(Attorney's Sig	gnature)		
			State Bar No.			
				ey for Defe		
OF COUNSEL:						
(Name of Attorney Post Office Box						
City, State, Zip Co Telephone:	ode					

## Notice of Motion to Reconsider Order

You are notified that on	(date),
at ( <i>time),</i> or as so	oon thereafter as counsel can be heard, in Courtroom
of the	Court for
County, Mississippi, at the	(County) Courthouse
at	
	(street address, city, county, state, zip code), Defendant
	(Name of Defendant),
by and through his attorney, will bri	ing on for hearing his <b>Motion</b> for the reasons stated in the

above Motion.

## **Respectfully Submitted,**

(Printed Name of Attorney)

(Signature of Attorney)

State Bar No. \_\_\_\_\_ Attorney for Defendant

OF COUNSEL:

(Name of Attorney)
Post Office Box \_\_\_\_\_-

\_\_\_\_\_