**APPENDIX B**

|  |  |
| --- | --- |
| State of South Dakota ) :ssCounty OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) | In Circuit Court \_\_\_\_\_\_\_\_\_\_\_\_\_Judicial Circuit |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**  Plaintiff,v.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**  Defendant.  | Civ. \_\_\_\_\_\_\_\_\_\_**Joint Motion to proceed as Expedited Civil Action** |

**1.** Pursuant to Supreme Court Rule 15-16 (SDCL 15-6-72), the parties hereby move upon stipulation that this action proceed as an Expedited Civil Action.

**2.** All parties agree to this motion.

**3.** If the court grants this joint motion, the parties acknowledge and agree that this case will be subject to the Expedited Civil Action rule, except for the limitations on damages as provided in 15-6-72(5).

**Status of Trial Scheduling Order and Discovery Plan**: *Check one*

 The parties have already filed a Trial Scheduling and Discovery Plan. This case has a current trial date of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The parties wish to retain that trial date.

 The parties will be filing a Trial Scheduling and Discovery Plan in an Expedited Civil Action case.

I certify that all parties and attorneys to this action have agreed to this Joint Motion and have been served with a copy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_, 20\_\_\_\_\_,

*Month Day Year*

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

*Party’s or attorney’s signature*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Plaintiff’s attorney’s name, if applicable*

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

*Signature of attorney, if applicable*

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

*Law firm, if applicable*

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

*Mailing address of attorney (or Plaintiff if unrepresented)*

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

*Telephone number of attorney (or Plaintiff if unrepresented)*

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

*Email address of attorney (or Plaintiff if unrepresented)*

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

*Additional email address, if available*