

PRE-HEARING MEMORANDUM

PENNSYLVANIA STATE POLICE
BUREAU OF LIQUOR CONTROL ENFORCEMENT

v.

| | |
|---|-----------------------|
| LICENSEE NAME | CITATION NO(s). |
| TRADE NAME (IF AVAILABLE) | LID NO. |
| PREMISES ADDRESS (INCLUDING CITY, STATE AND ZIP CODE) | LICENSE OR PERMIT NO. |

I. State any issues of complex nature or statewide significance such as constitutional issues, gambling devices not determined by prior case law to be gambling devices per se or anti-trust issues. (Set forth such issues as concisely as possible but with sufficient detail to be understandable.)

II. Witnesses:

List all witnesses and a concise statement of testimony for each witness. (Only witnesses listed may testify at the hearing.)

1. Name _____
Statement of Testimony:

2. Name _____
Statement of Testimony:

3. Name _____
Statement of Testimony

4. Name _____
Statement of Testimony:

5. Name _____

Statement of Testimony:

III. Exhibits:

(A) List all exhibits intended to be introduced and used at the hearing. (This includes but is not limited to any relevant past finally determined violations and notice of completion of investigation.) Only exhibits so listed may be offered in evidence at the hearing. **An original and at least two (2) copies of exhibits must be given to the stenographer at the hearing.**

- 1. _____
- 2. _____
- 3. _____

(B) List any objections to authenticity or admissibility of Bureau of Enforcement exhibits:

IV. List any Stipulations or Agreement of:

- (a) Facts _____
- (b) Exhibits _____
- (c) Issues _____

V. Special Requests:

VI. Estimated Time Needed To Present Your Case:

_____ hours

VII. List all days within the next **90** days that you would **not** be able to attend a hearing.

NOTE: If a notice of hearing has not been received within **60** days of the filing of your pre-hearing memorandum, it is your responsibility to inform this office of your availability to attend a hearing for an **additional 60 days** beyond your last stated availability.

PRE-HEARING MEMORANDUM

Day of Week

Month & Date

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

Service has been effected in compliance with 1 Pa. Code §33.32.

| | | |
|---------------|------------------------------|------------------------------|
| PRINT NAME | SIGNATURE | |
| ADDRESS | ATTORNEY ID NO. | |
| EMAIL ADDRESS | HOME PHONE NO. (w/AREA CODE) | CELL PHONE NO. (w/AREA CODE) |