

PRETRIAL MEMORANDUM FOR USE IN PERSONAL INJURY CASES

)
)
)
) Civil Action No.
)
v.)
)
) Plaintiff requests \$ _____
)
) Defendant offers \$ _____
)
)

Plaintiff's Name: _____
Age: _____
Occupation: _____
Marital Status: _____

Attorney for plaintiff [*indicate name and phone number of trial attorney*]:

Attorney for defendant [*indicate name and phone number of trial attorney*]:

Summary of injuries [*note especially any permanent pathology*]:

Date, hour and place of occurrence:

Attending physicians:

Hospitals:

Place of employment:

Part A Compensatory Damages *[Parts A & B are to be completed by plaintiff's counsel.]*

1. Liquidated Damages:

- | | | |
|-----|------------------------|----------|
| (a) | Medical Fees | \$ _____ |
| (b) | Hospital bills | \$ _____ |
| (c) | Loss of Income | \$ _____ |
| (d) | Miscellaneous expenses | \$ _____ |
| | TOTAL | \$ _____ |

2. What is the total amount of compensatory damages claimed in this action?

\$ _____

Part B. Punitive Damages

a. Does the plaintiff claim punitive damages:

Yes **G** No **G** If yes, how much: \$ _____

Brief Statement of Circumstances of Occurrence:

Plaintiff's view:

Defendant's view:

[At the direction of the Court the parties are to attach to this memorandum any medical reports or other materials useful for discussion at the pretrial conference.]