

IN THE CIRCUIT COURT OF THE NINTH JUDICIAL CIRCUIT  
\_\_\_\_\_ COUNTY

\_\_\_\_\_(1) )  
\_\_\_\_\_(2) ) Case No. \_\_\_\_\_  
vs. )  
\_\_\_\_\_(1) ) Initial Pre-Trial Date:  
\_\_\_\_\_(2) ) \_\_\_\_\_

**CIVIL PRE-TRIAL MEMORANDUM**

Plaintiff(s) Attorney: \_\_\_\_\_ Date of Occurrence \_\_\_\_\_  
(Trial) \_\_\_\_\_ Loc. Of Occurrence \_\_\_\_\_  
(Firm) \_\_\_\_\_  
(Address) \_\_\_\_\_ Time of Occurrence \_\_\_\_\_  
(Phone) \_\_\_\_\_

Defendant(s) Attorney: (No. 1) \_\_\_\_\_ (No. 2) \_\_\_\_\_  
(Trial) \_\_\_\_\_ (Trial) \_\_\_\_\_  
(Firm) \_\_\_\_\_ (Firm) \_\_\_\_\_  
(Address) \_\_\_\_\_ (Address) \_\_\_\_\_  
(Phone) \_\_\_\_\_ (Phone) \_\_\_\_\_  
(Repr) \_\_\_\_\_ (Repr) \_\_\_\_\_  
(Insurance Company) (Insurance Company)

Occurrence Allegations:

Plaintiff No. 1 Conduct \_\_\_\_\_  
Plaintiff No. 2 Conduct \_\_\_\_\_  
Defendant No. 1 Conduct \_\_\_\_\_  
Defendant No. 2 Conduct \_\_\_\_\_

Plaintiff(s)/Defendant(s) Theory of Liability:

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

A SEPARATE MEMORANDUM MUST BE PREPARED FOR EACH PLAINTIFF

Damages of Plaintiff \_\_\_\_\_ Case No. \_\_\_\_\_  
(Name)

Description of Injuries \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEDICAL EXPENSES: Dates: \_\_\_\_\_ Names: \_\_\_\_\_

**Charges:**

Hospital (Emergency Room) on \_\_\_\_\_ \$ \_\_\_\_\_

Hospital Confinement \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_

Treating Doctor \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_

Treating Doctor \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_

Consulting Doctor \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_

Examining Doctor \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_

X-Ray Laboratory \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_

Physical Therapy \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_

Medical Aids (Describe) \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

**LOSS OF EARNINGS:**

From \_\_\_\_\_ to \_\_\_\_\_ employed at \_\_\_\_\_ \$ \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ employed at \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

PROPERTY DAMAGE: (Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_)

(Repaired) (Estimated) by \_\_\_\_\_ at cost of \$ \_\_\_\_\_

(Auto Rental) (Towing) (Deductible Collision Payment) \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

**OTHER CLAIM DAMAGES:**

Describe \_\_\_\_\_ \$ \_\_\_\_\_

Plaintiff Demand \$ \_\_\_\_\_ Defendant No. 1 Offer \$ \_\_\_\_\_

Defendant No. 2 Offer \$ \_\_\_\_\_

Dated: \_\_\_\_\_

Signature of Attorney \_\_\_\_\_

For: \_\_\_\_\_