

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

PRE-TRIAL MEMORANDUM

(Completed Memorandum must be served on all defendants and filed with Court 30 days before Pre-Trial date)

_____ (1))
 _____)
 _____ (2)) No. _____
 _____)
 v. _____)
 _____)
 _____ (1))
 _____) Initial Pretrial Date: _____
 _____ (2))

Pltf. Atty. (Trial) _____ Date of Occ.: _____
 (Firm) _____ Loc. of Occ.: _____
 (Address) _____
 (Phone) _____ Time of Occ.: _____
 (Atty. No.) _____

Def. Atty. (Trial) _____ Def. Atty. (Trial) _____
 (No. 1) (Firm) _____ (No. 2) (Firm) _____
 (Address) _____ (Address) _____
 (Phone) _____ (Phone) _____
 (Atty. No.) _____ (Atty. No.) _____

Repr. _____ (Ins. Co) Repr. _____ (Ins. Co.)

Occurrence Allegations

Pltf. No. 1 Conduct: _____
 Pltf. No. 2 Conduct: _____
 Def. No. 1 Conduct: _____
 Def. No. 2 Conduct: _____

Pltf.'s Theory of Liability

(OVER)

A SEPARATE MEMORANDUM MUST BE PREPARED FOR EACH PLAINTIFF

Damages of Plaintiff _____ Case Number _____
(Name)

Description of Injuries: _____

MEDICAL EXPENSES:	Dates	Names	Charges
Hospital Emergency Room (_____)		_____	\$ _____
Hospital Confinement (_____ to _____)		_____	_____
Treating Doctor (_____ to _____)		_____	_____
Treating Doctor (_____ to _____)		_____	_____
Consulting Doctor (_____)		_____	_____
Examining Doctor (_____)		_____	_____
X-Ray Laboratory (_____)		_____	_____
Physical Therapy (_____)		_____	_____
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 CLAIMED DAMAGES:

Describe: _____ \$ _____

Pltf. Demand \$ _____ Def. No. 1 Offer _____ Def. No. 2 Offer _____