

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
PRE-TRIAL MEMORANDUM

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

_____ (1)

_____ (2)

v.

_____ (1)

_____ (2)

Case No. _____

Initial Pretrial Date: _____

Plaintiff Attorney (Trial)

Atty. No.: _____

Date of Occ.: _____

Atty Name: _____

Loc of Occ.: _____

Firm: _____

Address: _____

Time of Occ.: _____

City: _____ State: _____

Zip: _____

Telephone: _____

Primary Email: _____

Defendant Attorney (Trial)

Defendant Attorney (Trial)

Atty. No.: _____

Atty. No.: _____

Atty Name: _____

Atty Name: _____

Firm (1): _____

Firm (2): _____

Address: _____

Address: _____

City: _____ State: _____

City: _____ State: _____

Zip: _____

Zip: _____

Telephone: _____

Telephone: _____

Primary Email: _____

Primary Email: _____

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

Occurrence Allegations

Pltf No. 1 Conduct: _____

Pltf No. 1 Conduct:

Def No. 1 Conduct:

Def No. 1 Conduct:

Plaintiff's Theory of Liability

A SEPARATE MEMORANDUM MUST BE PREPARED FOR EACH PLAINTIFF

Damages of Plaintiff _____ Case No.: _____
(Name)

Description of Injuries:

MEDICAL EXPENSES:

Table with 4 columns: Description, Dates, Names, Charges. Rows include Hospital Emergency Room, Hospital Confinement, Treating Doctor, Consulting Doctor, Examining Doctor, X-Ray Laboratory, Physical Therapy, Medical Aides, and a TOTAL row.

LOSS OF EARNINGS

From _____ to _____ employed at _____ \$ _____

From _____ to _____ employed at _____ \$ _____

PROPERTY DAMAGE: (Year: _____ Make: _____ Model: _____)

(Repaired) (Estimated) by _____ at a cost of \$ _____

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

TOTAL \$ _____

OTHER CLAIMED DAMAGES

Describe: _____ \$ _____

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