

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

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)

Atty. No.: _____

Atty Name: _____

Firm (1): _____

Address: _____

City: _____ State: _____

Zip: _____

Telephone: _____

Primary Email: _____

Defendant Attorney (Trial)

Atty. No.: _____

Atty Name: _____

Firm (2): _____

Address: _____

City: _____ State: _____

Zip: _____

Telephone: _____

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:

	Dates	Names	Charges
Hospital Emergency Room			\$
Hospital Confinement			\$
Treating Doctor			\$
Treating Doctor			\$
Consulting Doctor			\$
Examining Doctor			\$
X-Ray Laboratory			\$
Physical Therapy			\$
Medical Aides (Describe)			\$
TOTAL			\$

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 \$ _____