

PRETRIAL MEMO

JD-ES-47 Rev. 7-23
P.B. §§ 14-13, 14-14

For information on ADA accommodations, contact the Centralized
ADA Office at 860-706-5310 or go to: www.jud.ct.gov/ADA/

COURT USE ONLY

PRETMEM



NOTICE: This memo is intended for pretrial purposes only and shall not be construed as an admission against any party.

| | | | | |
|--|--|----------------|---------------|--------------|
| To be completed by attorney/self-represented party bringing a claim | | | Docket number | Date |
| Plaintiff | Plaintiff's trial counsel | E-mail address | | Phone number |
| Intervening trial counsel | | E-mail address | | Phone number |
| First defendant | First defendant's trial counsel | E-mail address | | Phone number |
| Additional defendant | Additional defendant's trial counsel | E-mail address | | Phone number |
| Additional defendant | Additional defendant's trial counsel | E-mail address | | Phone number |
| Return date | Date certificate of closed pleadings filed | Type of claim | Trial date | |

Have you discussed appropriate alternative dispute resolution with the other side? Yes No

Do you have any objection to a referral to non-binding alternative dispute resolution? Yes No

| | | | |
|--------------|---|--|--|
| Claim | Date and time of accident (if applicable) | | |
| | | | |

| | |
|---------------------------|--|
| Intervenor's Claim | |
|---------------------------|--|

| | |
|--------------------------|-----------------------------|
| Damages or Demand | Nature of damages or demand |
|--------------------------|-----------------------------|

| | | | |
|----------------------|-------------------|--|--------------|
| If Applicable | Last medical exam | Permanency of injuries/life expectancy | Age of party |
|----------------------|-------------------|--|--------------|

| Specials | Reason | Cost | Explanation |
|---|---|-----------------|--|
| | 1. Treatment expenses <i>(doctors, surgery, lab tests, MRIs, X-Rays, etc.)</i> | | |
| 2. Recovery expenses <i>(hospital stays, rehabilitation centers, physical therapy, occupational therapy, etc.)</i> | | | |
| 3. Subtotal <i>(Add 1 & 2)</i> | | | |
| 4. Future Medical | | | |
| | | | |
| 5. Wages | | Lost wages | |
| | | Future capacity | |
| 6. Other <i>(Property Damage, etc.)</i> | | | |
| 7. Total | | | Copies of all medical bills and reports have been furnished to the Defendant(s) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Liens <i>(Medicare, workers' compensation, ERISA, etc.)</i> | | Amount | |