

PRETRIAL MEMO

JD-ES-47 Rev. 10-08
 P.B. §§ 14-13, 14-14
 www.jud.ct.gov

INSTRUCTIONS

Each party claiming damages or that party's attorney shall complete Part I below and at the commencement of the pretrial session give a copy to the judge or judge trial referee and to each other party. Attach additional sheets if necessary.

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

COURT USE ONLY
PRETMEM



DOCKET NUMBER
DATE

PART I (To be completed by attorney/pro se party)

PLAINTIFF		DEFENDANT #1	DEFENDANT'S TRIAL COUNSEL	PHONE NO.
PLAINTIFF'S TRIAL COUNSEL	PHONE NO.	DEFENDANT #2	DEFENDANT'S TRIAL COUNSEL	PHONE NO.
INTERVENING TRIAL COUNSEL	PHONE NO.	DEFENDANT #3	DEFENDANT'S TRIAL COUNSEL	PHONE NO.
RETURN DATE	DATE CERT. OF CLOSED PLEADINGS FILED	TYPE OF CLAIM		TRIAL DATE

HAVE YOU DISCUSSED APPROPRIATE A.D.R. WITH YOUR CLIENT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DOES YOUR CLIENT HAVE ANY OBJECTION TO A REFERRAL TO NON-BINDING A.D.R.?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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CLAIM <i>(e.g. Accident)</i>	DATE AND TIME OF ACCIDENT <i>(if applicable)</i>

INTERVENOR'S CLAIM	
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DAMAGES OR DEMAND <i>(e.g. Injuries)</i>	NATURE OF DAMAGES OR DEMAND

IF APPLICABLE	LAST MEDICAL EXAM	PERMANENCY OF INJURIES/LIFE EXPECTANCY	AGE OF PARTY
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SPECIALS	REASON	COST	EXPLANATION
	1. Doctor(s)		
	2. Hospital(s)		
	3. Subtotal <i>(Add 1 & 2)</i>		
	4. Future Medical		
	5. Wages	LOST WAGES	
		FUTURE CAPACITY	
6. OTHER <i>(Prop. Dam., 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
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CLAIMS OF LAW
(Include all anticipated evidentiary and procedural problems)

IS DISCOVERY COMPLETE? YES NO, IF NO, EXPLAIN:

NAME OF PREPARER _____

TELEPHONE NO. _____

ATTORNEY FOR *(Name of party represented)* _____

PART II (To be completed by judge or judge trial referee)

COMP. NEGLIG. %	LIABILITY <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR
DEMAND _____	CHANCE OF SETTLEMENT <input type="checkbox"/> GOOD
OFFER _____	<input type="checkbox"/> FAIR
COURT VALUE _____	<input type="checkbox"/> POOR
EST. LENGTH OF TRIAL _____	JURY SELECTION _____
EVIDENCE _____	

PLAINTIFF TO REPORT TO JUDGE
OR JUDGE TRIAL REFEREE BY: _____

DEFENDANT TO REPORT TO JUDGE
OR JUDGE TRIAL REFEREE BY: _____

TRIAL DATE *(if applicable)*: _____

**PLEADINGS
AND EXHIBITS**

STATUS OF PLEADINGS

EXHIBITS STIPULATED UPON

OTHER COMMENTS - DEFENDANT'S CLAIMS OF LAW, ETC.

RESULTS OF PRETRIAL

SETTLED
 STIPULATED JUDGMENT
 W/DRAWN
 NONSUIT/DEFAULT PURSUANT TO P.B. 14-3
 CONTINUED TO SPECIFY DATE OR NO. OF WEEKS

OTHER: _____

SIGNED *(Judge/Judge Trial Referee)* _____ DATE _____