

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	
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Damages or Demand	Nature of damages or demand
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If Applicable	Last medical exam	Permanency of injuries/life expectancy	Age of party
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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			Lost wages
			Future capacity
5. Wages			
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		