

**PRETRIAL STATEMENT**

\_\_\_\_\_  
Plaintiff

\_\_\_\_\_  
Attorney

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Attorney

File No. \_\_\_\_\_

FACTUAL STATEMENT OF YOUR CLAIMS: (In negligence cases, the manner in which you claim the accident happened)

ISSUE OF LAW      FACT      BOTH      (State Briefly)

COMMON LAW: (Cite cases)

STATUTORY LAW (Cite specific issues)

ORDINANCES (Cite specific ordinances)

PLEADINGS SATISFACTORY? Yes      No      (If "No", state what amendments you desire)

ARE THERE ANY DEFENSES UNDER RULE 2.116? Yes      No      (If "Yes", make brief statement of defense)

ARE THERE ANY MOTIONS TO BE DECIDED PRIOR TO TRIAL? Yes      No

IS A CONSOLIDATION OF CASES REQUIRED? Yes      No

IN PERSONAL INJURY CASES STATE NAMES OF PERSONS INJURED AND AGES AT THE TIME OF THE ACCIDENT. IN DEATH CASES, STATE THE NAMES AND AGES OF PERSONS SUFFERING PECUNIARY LOSS AND THEIR RELATIONSHIP OF THE DECEASED.

STATE SPECIFIC INJURIES SUFFERED

LENGTH OF TIME INCAPACITATED (State name of hospital and inclusive dates therein)

TIME AT HOME

DEPOSITIONS TO BE TAKEN? Yes No If yes, whose?

MEDICAL EXAMINATIONS TO BE TAKEN OF OPPOSITE PARTY? Yes No

DAMAGES: Itemize and total hospital and doctor bills and any other items of expense incurred or loss suffered in case of wages, give place and type of employment wages earned at the time of the accident, the days out of work and total amount of wages lost. In death cases, state the amount of pecuniary loss each department claims to have suffered and amount of funeral bill. State total out-of-pocket loss claimed. (In chancery cases, state all relief you are seeking)

KIND AND NUMBER OF LAY EXPERT WITNESSES: (List names, if known)

EXHIBITS: (Show opposing counsel, if you have not already done so, all exhibits you wish admitted and bring them with you, such as hospital and doctor bills, repair bills, maps, photographs, contracts, instruments, correspondence, ordinances, etc.)

List Exhibits

WILL DISCOVERY PROCEEDINGS BE NECESSARY? Yes No (If "yes", briefly state the proceedings required.)

IS IT POSSIBLE FOR THIS CASE TO BE SETTLED? Yes No

HAVE ALL CLAIMS ARISING OUT OF THE TRANSACTION OR OCCURRENCE BEEN JOINED AS REQUIRED BY SUB-RULE 2.203 Yes No

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

Attorney for \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address