

IN THE CIRCUIT COURT OF THE NINTH JUDICIAL CIRCUIT  
STATE OF ILLINOIS

\_\_\_\_\_ COUNTY

PRE-TRIAL MEMORANDUM

\_\_\_\_\_ (1)  
\_\_\_\_\_ (2) No. \_\_\_\_\_

vs.

\_\_\_\_\_ (1) Initial Pre-Trial Date:  
\_\_\_\_\_ (2) \_\_\_\_\_

Plaintiff(s) Attorney: Date of Occurrence \_\_\_\_\_  
(Trial) \_\_\_\_\_ Loc. Of Occurrence \_\_\_\_\_  
(Firm) \_\_\_\_\_  
(Address) \_\_\_\_\_ Time of Occurrence \_\_\_\_\_  
(Phone) \_\_\_\_\_

Defendant(s) Attorney: (No. 1) (No. 2)  
(Trial) \_\_\_\_\_ (Trial) \_\_\_\_\_  
(Firm) \_\_\_\_\_ (Firm) \_\_\_\_\_  
(Address) \_\_\_\_\_ (Address) \_\_\_\_\_  
(Phone) \_\_\_\_\_ (Phone) \_\_\_\_\_  
(Repr) \_\_\_\_\_ (Repr) \_\_\_\_\_  
(Insurance Company) (Insurance Company)

Occurrence Allegations:

Plaintiff No. 1 Conduct \_\_\_\_\_  
Plaintiff No. 2 Conduct \_\_\_\_\_  
Defendant No. 1 Conduct \_\_\_\_\_  
Defendant No. 2 Conduct \_\_\_\_\_

(Plaintiff(s)/Defendant(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) on _____	_____	_____	\$ _____
Hospital Confinement _____ to _____	_____	_____	\$ _____
Treating Doctor _____ to _____	_____	_____	\$ _____
Treating Doctor _____ to _____	_____	_____	\$ _____
Consulting Doctor _____ to _____	_____	_____	\$ _____
Examining Doctor _____ to _____	_____	_____	\$ _____
X-Ray Laboratory _____ to _____	_____	_____	\$ _____
Physical Therapy _____ to _____	_____	_____	\$ _____
Medical Aids (Describe) _____			
			TOTAL: \$ _____

LOSS OF EARNINGS:

From \_\_\_\_\_ to \_\_\_\_\_ employed at \_\_\_\_\_ \$ \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ employed at \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

PROPERTY DAMAGE (Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_)

(Repaired) (Estimated) by \_\_\_\_\_ at cost of \$ \_\_\_\_\_

(Auto Rental) (Towing) (Deductible Collision Payment) \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

OTHER CLAIM DAMAGES:

Describe \_\_\_\_\_ \$ \_\_\_\_\_

Plaintiff Demand \$ \_\_\_\_\_ Defendant No. 1 Offer \$ \_\_\_\_\_

Defendant No. 2 Offer \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Attorney for  
\_\_\_\_\_