

**PRETRIAL MEMO**JD-ES-47 Rev. 5-17  
P.B. §§ 14-13, 14-14

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at [www.jud.ct.gov/ADA](http://www.jud.ct.gov/ADA).

COURT USE ONLY

PRETMEM

**Instructions**

*Each party claiming damages or that party's attorney shall complete this form and at the beginning 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.**

Docket number

Date

**(To be completed by attorney/self-represented party)**

Plaintiff		First Defendant	First Defendant's trial counsel	Phone number
Plaintiff's trial counsel		Phone number	Additional Defendant	Additional Defendant's trial counsel
Intervening trial counsel		Phone number	Additional Defendant	Additional Defendant's trial counsel
Return date	Date certificate of closed pleadings filed	Type of claim		Trial date

*These 2 questions to be completed by attorneys only*    Have you discussed appropriate A.D.R. with your client?  Yes  No    Does your client have any objection to a referral to non-binding A.D.R.?  Yes  No

<b>Claim</b> (e.g. Accident)	Date and time of accident ( <i>if applicable</i> )		
<b>Intervenor's Claim</b>			
<b>Damages or Demand</b> (e.g. Injuries)	Nature of damages or demand		
<b>If Applicable</b>	Last medical exam	Permanency of injuries/life expectancy	Age of party
<b>Specials</b>	Reason	Cost	Explanation
	1. Treatment expenses ( <i>for example, doctors, surgery, lab tests, MRIs, X-Rays</i> )		
	2. Recovery expenses ( <i>for example, hospital stays, rehabilitation centers, physical therapy, occupational therapy</i> )		
	3. Subtotal ( <i>Add 1 &amp; 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>For example Medicare, workers' compensation, ERISA</i> )	Amount	