IN THE CIRCUIT COURT OF THE 22nd JUDICIAL CIRCUIT
McHENRY COUNTY

PRE-TRIAL MEMORANDUM

In compliance with Local Court Rule 4.01(b), the information required in this memo should be full, complete, typewritten and in triplicate before case is called for hearing. ****Not to be used in Trial of Cause.**

_____
Plaintiff(s)

vs.

_____
Defendant(s)

Case Number: _____

Plaintiff requests $_____

Defendant recommends $_____

Court recommends $_____

Settlement Figure $_____

Length of Trial _____ days

Plaintiff's name: _____

Occupation: _____

Attorney for Plaintiff: _____

Attorney for Defendant: _____

Date, hour and place of accident: _____

_____

Injuries: _____

_____

Attending Physicians	Medical Fees	
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____

Name of Hospital(s)	Hospital Bill(s)	
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____

Place of employment: _____

Loss of income: $_____

Miscellaneous out-of-pocket expenses: $_____

Total Liquidated Damages: _____ $_____