

**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/](http://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.**

<b>To be completed by attorney/self-represented party bringing a claim</b>			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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any objection to a referral to non-binding alternative dispute resolution? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Claim</b>	Date and time of accident (if applicable)

<b>Intervenor's Claim</b>	
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<b>Damages or Demand</b>	Nature of damages or demand
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<b>If Applicable</b>	Last medical exam	Permanency of injuries/life expectancy	Age of party
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<b>Specials</b>	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 &amp; 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		