

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS  
MUNICIPAL DISTRICT \_\_\_\_\_ DISTRICT

CIRCUIT COURT PRE-TRIAL MEMORANDUM

(The information required in this memo should be full, complete,  
typewritten and in triplicate before case is called for hearing.)

\_\_\_\_\_  
\_\_\_\_\_

General Number \_\_\_\_\_

Plaintiff's Name:  
\_\_\_\_\_

Occupation:  
\_\_\_\_\_

Attorney for plaintiff:  
\_\_\_\_\_

Date, hour and place of accident:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attending physicians:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of hospital:  
\_\_\_\_\_

Place of employment:  
\_\_\_\_\_

Miscellaneous out-of-pocket:  
\_\_\_\_\_

Total liquidated damages: \_\_\_\_\_

Plaintiff requests \_\_\_\_\_ \$ \_\_\_\_\_

Defendant recommends \_\_\_\_\_ \$ \_\_\_\_\_

Court recommends \_\_\_\_\_ \$ \_\_\_\_\_

Settlement figure \_\_\_\_\_ \$ \_\_\_\_\_

Age:  
\_\_\_\_\_

Married or single:  
\_\_\_\_\_

Attorney for defendant:  
\_\_\_\_\_

Injuries:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical fee(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hospital bill(s):  
\_\_\_\_\_

Loss of Income(s):  
\_\_\_\_\_

\_\_\_\_\_