

**STATE OF ILLINOIS  
IN THE CIRCUIT COURT OF THE 17TH JUDICIAL CIRCUIT  
COUNTY OF WINNEBAGO**

\_\_\_\_\_) )  
\_\_\_\_\_) )  
Plaintiff (s) )

vs.

\_\_\_\_\_) )  
\_\_\_\_\_) )  
\_\_\_\_\_) )  
Defendant (s)

No. \_\_\_\_\_

INITIAL PRETRIAL DATE: \_\_\_\_\_

PRETRIAL MEMORANDUM

The information required in this Memorandum should be full, complete, typewritten, and in triplicate and mailed or delivered to all attorneys of record and filed with the Winnebago County Circuit Clerk's Office not less than seven (7) days before the date of the pretrial conference.

1. Plaintiff's law firm: \_\_\_\_\_  
Lead attorney: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

2. Defendant No. 1: \_\_\_\_\_  
Law firm: \_\_\_\_\_  
Lead attorney: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Defendant No.2: \_\_\_\_\_  
Law firm: \_\_\_\_\_  
Lead attorney: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Defendant No.3: \_\_\_\_\_  
Law firm: \_\_\_\_\_  
Lead attorney: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

3. Plaintiff's Name \_\_\_\_\_

4. Plaintiff's Age & Marital Status: \_\_\_\_\_

5. Plaintiff's Occupation: \_\_\_\_\_

6. Date, hour and place of occurrence: \_\_\_\_\_

**APPENDIX H - Continued**

- 7. Statement of facts: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 8. Plaintiff's theory of liability: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 9. Defendant's theory of liability: \_\_\_\_\_  
 \_\_\_\_\_
- 10. Plaintiff's description of injuries: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 11. Plaintiff's present complaints if any: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 12. Third-party claims, if any: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<u>MEDICAL EXPENSES:</u>	<u>DAMAGES</u>	<u>DATES:</u>	<u>NAMES:</u>	<u>AMOUNT:</u>
Hospital				
ER and outpatient		_____	_____	\$ _____
Inpatient		_____	_____	\$ _____
Attending Physician(s):		_____	_____	\$ _____
Consulting Physician(s):		_____	_____	\$ _____
X-ray Laboratory:		_____	_____	\$ _____
Physical Therapy:		_____	_____	\$ _____
Medical Aids (describe):		_____	_____	\$ _____
Future medical:		_____	_____	\$ _____
Ambulance:		_____	_____	\$ _____
Other: _____		_____	_____	\$ _____
_____		_____	_____	\$ _____
_____		_____	_____	\$ _____
			Medical Sub-total:	\$ _____

**APPENDIX H - Continued**

**LOSS OF EARNINGS:**

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

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

Future loss of earnings: \_\_\_\_\_

Earnings Sub-total: \$ \_\_\_\_\_

PERMANENT DISABILITY, if any: \_\_\_\_\_

**MISCELLANEOUS DAMAGES:**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Miscellaneous Sub-Total: \$ \_\_\_\_\_

**TOTAL SPECIAL DAMAGES:** \$ \_\_\_\_\_

Plaintiff's Demand: \$ \_\_\_\_\_

Defendant's No. 1 Offer: \$ \_\_\_\_\_

Defendant's No. 2 Offer: \$ \_\_\_\_\_