

PRE-TRIAL MEMO

MASHANTUCKET PEQUOT TRIBAL COURT

INSTRUCTIONS



Mashantucket Pequot
Tribal Nation

Each party claiming damages or that party's attorney shall complete Part I below and at the commencement of the pre-trial session give a copy to the judge or judge trial referee and to each other party. Attach additional sheets if necessary.

| |
|---------------|
| DOCKET NUMBER |
| DATE |

PART I (To be completed by attorney/pro se party)

| | | | |
|---------------------------|--------------------------------------|---------------------------|---------------------------|
| PLAINTIFF | DEFENDANT #1 | DEFENDANT'S TRIAL COUNSEL | PHONE NO. |
| PLAINTIFF'S TRIAL COUNSEL | PHONE NO. | DEFENDANT #2 | DEFENDANT'S TRIAL COUNSEL |
| INTERVENING TRIAL COUNSEL | PHONE NO. | DEFENDANT #3 | DEFENDANT'S TRIAL COUNSEL |
| RETURN DATE | DATE CERT. OF CLOSED PLEADINGS FILED | TYPE OF CLAIM | TRIAL DATE |

| | |
|--|--|
| CLAIM <i>(e.g. Accident)</i> | DATE AND TIME OF ACCIDENT <i>(if applicable)</i> |
| | |

| |
|---------------------------|
| INTERVENOR'S CLAIM |
|---------------------------|

| | |
|--|-----------------------------|
| DAMAGES OR DEMAND <i>(e.g. Injuries)</i> | NATURE OF DAMAGES OR DEMAND |
|--|-----------------------------|

| | | | |
|----------------------|-------------------|--|--------------|
| <i>IF APPLICABLE</i> | LAST MEDICAL EXAM | PERMANENCY OF INJURIES/LIFE EXPECTANCY | AGE OF PARTY |
|----------------------|-------------------|--|--------------|

| SPECIALS | REASON | COST | EXPLANATION |
|---------------------------------------|-----------------|------|--|
| | 1. Doctor(s) | | |
| 2. Hospital(s) | | | |
| 3. Subtotal <i>(Add 1 & 2)</i> | | | |
| 4. Future Medical | | | |
| 5. Wages | LOST WAGES | | |
| | FUTURE CAPACITY | | |
| 6. OTHER <i>(Prop. Dam. 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 |

CLAIMS OF LAW
(Include all anticipated evidentiary and procedural problems)

IS DISCOVERY COMPLETE? YES NO, IF NO, EXPLAIN

NAME OF PREPARER _____

TELEPHONE NO. _____

ATTORNEY FOR *(Name of party represented)* _____

PART II (To be completed by judge)

COMP. NEGLIG.
%

LIABILITY

GOOD

FAIR

POOR

DEMAND _____

OFFER _____

COURT VALUE _____

CHANCE OF SETTLEMENT

GOOD

FAIR

POOR

PLAINTIFF TO REPORT TO JUDGE BY: _____

DEFENDANT TO REPORT TO JUDGE BY: _____

TRIAL DATE *(if applicable)*: _____

EST. LENGTH OF TRIAL _____

JURY SELECTION _____

EVIDENCE _____

**PLEADINGS
AND EXHIBITS**

STATUS OF PLEADINGS

EXHIBITS STIPULATED UPON

OTHER COMMENTS – DEFENDANT’S CLAIMS OF LAW, ETC.

RESULTS OF PRETRIAL

SETTLED

STIPULATED
JUDGMENT

WITHDRAWN

NONSUIT/DEFAULT

CONTINUED
TO

SPECIFY DATE OR NO. OF WEEKS

OTHER: _____

SIGNED (Judge) _____

DATE _____