

PRE-TRIAL MEMO

Tort Claim
Rev. 7/04

MOHEGAN TRIBAL COURT

INSTRUCTIONS

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 and to each other party. Attach additional sheets if necessary.

| |
|------------|
| DOCKET NO. |
| DATE |

PART I (To be completed by attorney)

| | | | | |
|---------------------------|-----------|--------------|---------------------------|-----------|
| PLAINTIFF | | DEFENDANT #1 | DEFENDANT'S TRIAL COUNSEL | PHONE NO. |
| PLAINTIFF'S TRIAL COUNSEL | PHONE NO. | DEFENDANT #2 | DEFENDANT'S TRIAL COUNSEL | PHONE NO. |
| TYPE OF CLAIM | | | TRIAL DATE | |

| | |
|--|--|
| CLAIM <i>(e.g. Incident)</i> | DATE AND TIME OF INCIDENT <i>(If applicable)</i> |
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|--------------------------|-----------------------------|
| DAMAGES OR DEMAND | NATURE OF DAMAGES OR DEMAND |
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| | |

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

| 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 | |

