

SURGICAL PROCEDURES REQUIRED:

MEDICAL EXAMINATIONS TO BE TAKEN OF OPPOSITE PARTY? Yes No

OUT OF POCKET (ECONOMIC LOSS) DAMAGE ESTIMATES:

MEDICAL:

WAGE LOSS:

KIND AND NUMBER OF EXPERT WITNESSES: (List names, if known)

LENGTH OF DISCOVERY PERIOD REQUIRED:

IS IT POSSIBLE FOR THIS CASE TO BE SETTLED? Yes No

HAVE ALL CLAIMS ARISING OUT OF THE TRANSACTION OR OCCURRENCE BEEN
JOINED AS REQUIRED BY SUB-RULE 2.203? Yes No

Dated: _____

Signed: _____

Attorney for: _____

Address: _____

Phone: _____