

CASE NO.: _____

_____ vs. _____

1. All parties joined (Yes or No)? _____ If NO, why not: _____

2. Nature of case: _____

3. Injuries or damages: _____

4. Special damages: _____

_____	\$
_____	\$
_____	\$
_____	\$
TOTAL	\$

5. Discovery status: Completed: Anticipated/pending & date to be completed:

A. Depositions	<input type="checkbox"/>	_____
B. Interrogatories	<input type="checkbox"/>	_____
C. Production of Documents/Things	<input type="checkbox"/>	_____
D. Requests for Admissions	<input type="checkbox"/>	_____
E. Rule 35 examinations	<input type="checkbox"/>	_____
F. Obtaining medical records	<input type="checkbox"/>	_____
G. Exchange medical records	<input type="checkbox"/>	_____
H. Exchange of expert reports	<input type="checkbox"/>	_____

6. Pending motions: Date fully briefed:

A. _____	_____
B. _____	_____

7. Anticipated motions: Date to be filed:

A. _____	_____
B. _____	_____

8. Issues at trial: _____

9. Real party in interest: _____
Name of carrier Name of representative

10. Issues resolved, special problems, or stipulations: Attached additional page (Yes or No)? _____

11. Lowest demand \$ _____ Highest offer \$ _____

12. Waive jury (Yes or No)? _____

13. Refer to binding arbitration (Yes or No)? _____ Refer to mediation (Yes or No)? _____

I hereby stipulate under provision of Civil Rule 11 to the accuracy of the representations made herein.

Signature _____
Name _____
Address _____
City/state/zip _____
Phone _____
E-mail _____
On behalf of party _____