

**IN THE COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY
FIRST JUDICIAL DISTRICT OF PENNSYLVANIA
CIVIL TRIAL DIVISION**

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CASE MANAGEMENT CONFERENCE MEMORANDUM

Filing party: _____ By: _____, Esq.

Counsel's address and telephone number (**IMPORTANT**) _____

Part A

(to be completed in personal injury cases, including uninsured and underinsured motorist claims)

1. Date of accident or occurrence: _____

2. Date of birth of your client: _____ Age on date of occurrence: _____

Unknown ____ Decline to provide ____

NOTE: Date of birth information is intended for the Court's use only. The information will not be made available to the public.

3. Most serious injuries sustained: _____

4. Is there any permanent injury claimed? Yes ____ No ____

If yes, indicate the type of permanent injury: _____

5. Dates of medical treatment: _____

6. Is medical treatment continuing? Yes ____ No ____

7. Has there been an inpatient hospitalization? Yes ____ No ____

8. Has there been any surgery? Yes ____ No ____

If yes, indicate the type of surgery: _____

This form shall be presented to the Case Manager and copies served upon any party not served electronically by the Court at the time of the conference. All present must be prepared to discuss its contents.

9. Approximate medical bills to date: \$ _____

10. Approximate medical bills recoverable in this case: \$ _____

11. Are there any existing liens (Workers' Compensation, DPW, Medical, etc.)? Yes ___ No ___

If yes, what type and approximate amount? _____

12. Time lost from work: _____

13. Approximate past lost wages: _____

14. Is there a claim for future lost earning capacity? Yes ___ No ___

If yes, approximate future lost earning capacity: _____

15. Are there any related cases or claims pending? Yes ___ No ___

If so, list caption(s) and docket number(s) or other appropriate identifier(s): _____

16. Do you anticipate joining additional parties? Yes ___ No ___

17. Set forth a summary of facts giving rise to cause(s) of action: _____

18. Set forth a summary of facts in support of applicable defense(s) or any counterclaim: _____

19. Defense position as to causation of injuries alleged: _____

20. Identify all applicable insurance coverage:

Defendant

Insurance Carrier

Coverage Limits

21. Are there issues as to the applicability of the above insurance coverage? Yes ___ No ___

22. Demand: \$ _____ Offer: \$ _____

Part B

(to be completed in all cases other than personal injury)

1. Date of contract or transaction: _____

2. Date of birth of your client: _____ Age on date of transaction: _____

Unknown _____ Decline to provide _____

NOTE: Date of birth information is intended for the Court's use only. The information will not be made available to the public.

3. Is there a writing? Yes _____ No _____

If yes, is there an allegation that the writing does not contain the entire agreement of the parties?

Yes _____ No _____

4. Is the Uniform Commercial Code applicable to this case? Yes _____ No _____

5. Set forth a summary of facts giving rise to the cause of action:

6. Are there any related cases or claims pending? Yes _____ No _____

If so, list caption(s) and docket number(s) or other appropriate identifier(s): _____

7. Specific questions regarding ejectment and other property matters:

(a) How did plaintiff obtain title (Sheriff sale, deed transfer, etc.)? _____

(b) Date of Sheriff's sale or deed transfer: _____

(c) Date of deed's recording: _____

(d) Was a copy of the deed filed with the complaint, if not explain? _____

(e) Was there ever a lease, if so when? _____

8. State the amount of damages claimed by Plaintiff:

(a) Direct _____

(b) Consequential _____

(c) Other (specify) _____

9. Set forth a summary of facts in support of applicable defense(s) or any counterclaim:

10. If there is a counterclaim, state the amount of damages sought:

(a) Direct _____

(b) Consequential _____

(c) Other (specify) _____

11. Identify all applicable insurance coverage:

Defendant

Insurance Carrier

Coverage Limits

12. Demand: \$ _____ Offer: \$ _____