

ATTORNEY OR UNREPRESENTED PARTY (Name, state bar number, and address):		<b>FOR COURT USE ONLY</b>
TELEPHONE NO.:	FAX NO.: (Optional):	
E-MAIL ADDRESS (Optional):		
Representing (Name)	Telephone Number:	
Plaintiff:	<b>NATURE OF CASE</b> <input type="checkbox"/> Personal Injury, Property Damage or Wrongful Death, Involving Motor Vehicle <input type="checkbox"/> All Other Personal Injury, etc. <input type="checkbox"/> Family Law <input type="checkbox"/> Eminent Domain <input type="checkbox"/> Other Civil: NOTE: Eminent domain actions must show parcel number. Submit one copy of this form for each parcel and for each case if consolidated actions.	
Defendant:		
<input type="checkbox"/> <b>AT-ISSUE MEMORANDUM</b>  <input type="checkbox"/> <b>AMENDED</b> <input type="checkbox"/> <b>COUNTER AT-ISSUE</b>		CASE NUMBER:  PARCEL NO.:

1. What date was the action filed?
2. What date was the first answer filed?
3. Jury trial requested:     Yes     No
4. Time estimated for trial:      Days                          Hours
5. Case entitled to preference:    Yes    No    Under code section:
6. Is discovery    completed    partially completed    not yet begun
7. Is any law and motion matter pending or contemplated?    Yes    No
8. Will such law and motion matter be heard within 90 days?    Yes    No
9. Is equitable relief sought?    Yes    No
10. Do you claim an exemption from mandatory arbitration pursuant to Rule 1600.5, California Rules of Court?    Yes    No  
Specify exemption:
11. Does the amount in controversy exceed \$25,000 as to any Plaintiff?    Yes    No
12. Do you object to the matter being ordered to Arbitration?    Yes    No
13. Are you willing to stipulate to Arbitration, regardless of the amount in controversy?    Yes    No
14. If Personal Injury:
  - a. Nature and extent of injuries:
  - b. Total medical expenses to date:
  - c. Future medical expenses:
  - d. Loss of earnings to date:
  - e. Future loss of earnings:
  - f. Other special or general damages:
15. Other:
  - a. Nature of damages:
  - b. Amount of damages:
  - c. Relief sought:
16. Indicate below names of party being represented and trial counsel.

Plaintiff	Defendant
Attorney	Attorney
Firm	Firm
Address	Address
Telephone	Telephone

Party  
Attorney  
Firm  
Address

Party  
Attorney  
Firm  
Address

Telephone

Telephone

Party  
Attorney  
Firm  
Address

Party  
Attorney  
Firm  
Address

Telephone

Telephone

Party  
Attorney  
Firm  
Address

Party  
Attorney  
Firm  
Address

Telephone

Telephone

For additional parties, attach a separate sheet and check here.

I hereby represent to the court that all essential parties have been served with process or have appeared herein and that this case is at issue as to all such parties; that no amended or supplemental complaint or cross-complaint or other affirmative pleading remains unanswered; that to my knowledge no other parties will be served with a summons prior to the time of trial, and I know of no further pleading to be filed. Dated:

\_\_\_\_\_  
Attorney(s) for

ANY PARTY NOT IN AGREEMENT WITH THE INFORMATION OR ESTIMATES GIVEN IN THE AT-ISSUE MEMORANDUM SHALL WITHIN TEN DAYS AFTER SERVICE THEREOF SERVE AND FILE A MEMORANDUM IN HIS BEHALF.

**PROOF OF SERVICE BY MAIL (C.C.P. 1013a)**

I served the At-Issue Memorandum by depositing a copy thereof (enclosed in sealed envelope(s), postage prepaid) in the United States mail, addressed to each party or to his attorney as shown in such memoranda, on \_\_\_\_\_ at \_\_\_\_\_, California.

At the time of service, I was at least 18 years of age, (employed/residing) \_\_\_\_\_ in the county where the mailing occurred, and not a party to the action. My (residence/business) \_\_\_\_\_ address is:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct and this declaration is executed on (date): \_\_\_\_\_ at (place) \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF DECLARANT)

\_\_\_\_\_  
(TYPE OR PRINT NAME)