

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>): TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (<i>Name</i>): _____	<i>Reserved for Clerk's File Stamp</i>
<p style="text-align: center;">SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED</p> STREET ADDRESS: 2260 N Street MAILING ADDRESS: 627 West 21st Street CITY AND ZIP CODE: MERCED, CALIFORNIA 95340 BRANCH NAME: Civil Unlimited	<p style="text-align: center;">NATURE OF CASE</p> <input type="checkbox"/> Personal Injury Property Damage or Wrongful Death Involving Motor Vehicle <input type="checkbox"/> All other Personal Injury, etc. <input type="checkbox"/> Eminent Domain <input type="checkbox"/> Other Civil
PLAINTIFF: DEFENDANT:	<p>NOTE: Eminent domain actions must show parcel number. Submit one copy of this form for each parcel and for each case if consolidated actions</p>
<input type="checkbox"/> AT-ISSUE MEMORANDUM <input type="checkbox"/> AMENDED <input type="checkbox"/> COUNTER AT-ISSUE <input type="checkbox"/> CASE NOT AT-ISSUE, REQUEST TRIAL SETTING CONFERENCE	Case No. _____ 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 complete 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. Does the amount in controversy exceed \$25,000 as to any Plaintiff? Yes No
11. Do you object to the matter being ordered to Arbitration? Yes No
12. Are you willing to stipulate to Arbitration regardless of the amount in controversy? Yes No
13. 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: _____
14. Other:
 - a. Nature of damages: _____
 - b. Amount of damages: _____
 - c. Relief sought: _____

CONTINUED ON REVERSE
AT ISSUE MEMORANDUM

15. Indicate below, names of party being represented and trial counsel:

Plaintiff _____
Attorney: _____
Firm: _____
Address: _____

Telephone _____

Plaintiff _____
Attorney: _____
Firm: _____
Address: _____

Telephone _____

Party: _____
Attorney: _____
Firm: _____
Address: _____

Telephone _____

Party: _____
Attorney: _____
Firm: _____
Address: _____

Telephone _____

Party: _____
Attorney: _____
Firm: _____
Address: _____

Telephone _____

Party: _____
Attorney: _____
Firm: _____
Address: _____

Telephone _____

For additional parties attach 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.

Date: _____

ATTORNEY OR PARTY WITHOUT ATTORNEY

ANY PARTY NOT IN AGREEMENT WITH THE INFORMATION OR ESTIMATES GIVEN IN AT ISSUE MEMORANDUM SHALL WITHIN TEN (10) DAYS AFTER SERVICE THEREOF SERVE AND FILE A MEMORANDUM IN THEIR 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 prepared in the United States mail addressed to each party or to their attorney as shown in such memorandum 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 declare 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) _____

Date: _____

(Signature of declarant)

(Type or print name)