| A <sup>-</sup> | FTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):             | Reserved for Clerk's File Stamp   |  |
|----------------|--|---|--|
| E              | ELEPHONE NO.: FAX NO.: MAIL ADDRESS: FTORNEY FOR (Name):                             |   |  |
|                | OUDEDIOD COUDT OF CALIFORNIA COUNTY OF MEDOED  |   |  |
| S              | SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED  FREET ADDRESS: 627 West 21st Street  |   |  |
|                | AILING ADDRESS: 627 West 21st Street   |   |  |
| С              | TY AND ZIP CODE: Merced, CA 95340  | NATURE OF CASE  ☐ Personal Injury Property Damage or Wrongful   |  |
| ВІ             | RANCH NAME: Civil  | Death Involving Motor Vehicle   |  |
|                |  | ☐ All other Personal Injury, etc.☐ Eminent Domain   |  |
| P              | _AINTIFF:  | Other Civil   |  |
| D              | EFENDANT:  | NOTE: Eminent domain actions must shown parcel number. Submit one copy of this form for each parcel and for each case if consolidated actions |  |
|                | AT-ISSUE MEMORANDUM AMENDED COUNTER AT-ISSUE   | Case No   |  |
|                | CASE NOT AT-ISSUE, REQUEST TRIAL SETTING CONFERENCE                                  | Parcel No.  |  |
| Ľ              |  |   |  |
| 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.             | 5. Case entitled to preference:  Yes No Under code section                           |   |  |
| 6.             | 6. Is discovery  |   |  |
| 7.             | 7. Is any law and motion matter pending or contemplated?                             |   |  |
| 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?                  | □ No  |  |
| 11.            | Do you object to the matter being ordered to Arbitration?                            | □ 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:  |   |  |

| 15. Indicate below, names of party being rep  |  |
|---|--|
| Plaintiff                                     |  |
| Attorney:                                     |  |
| Firm:   |  |
| Address:                                      | Address:   |
| Telephone                                     | Telephone  |
| Party:  | Party:   |
| Attorney:                                     |  |
| Firm:   |  |
| Address:                                      | Address:   |
| Telephone                                     | Telephone  |
| Party:  | Party:   |
| Attorney:                                     |  |
| Firm:   | Firm:  |
| Address:                                      |  |
| Telephone                                     |  |
| Date:   | ATTORNEY OR PARTY WITHOUT ATTORNEY   |
|   | ATTORNEY OR PARTY WITHOUT ATTORNEY   |
| PROOF  I served the At Issue Memorandum by de | THE INFORMATION OR ESTIMATES GIVEN IN AT ISSUE MEMORANDUM ERVICE THEREOF SERVE AND FILE A MEMORANDUM IN THEIR BEHALF  OF SERVICE BY MAIL (C.C.P. 1013a)  positing a copy thereof (enclosed in sealed envelope(s), postage prepared in the cy or to their attorney as shown in such memorandum on and California. |
| At the time of service I was at least 18 y    | ears of age, (employed/residing in the county where the  |
| •   | . My (residence/business) address is   |
| I declare under penalty of periury under      | he laws of the State of California that the foregoing is true and correct and thi  |
|   | at (place)   |
| Date:   |  |
| Dato  | (Signature of declarant)   |
|   | (Type or print name)   |