

STATE OF SOUTH CAROLINA)

IN THE COURT OF
COMMON PLEAS

COUNTY OF GEORGETOWN)

PLF DEF PRETRIAL BRIEF

_____,
Plaintiff(s))

C/A # ____-CP ____ - ____

Vs.)

_____,
Defendant(s))

_____)

1. Name of attorney handling case (not firm name) _____.
Attorney's phone # _____.

2. Are all motions disposed of? Y/N. If not, did you comply with Rule 11?
Y/N. List Pending motions and date filed:

- a. _____
- b. _____
- c. _____

3. Is discovery completed? Y/N. If not, list what remains:

- a. _____
- b. _____

4. Briefly and concisely state the facts upon which the claim or defenses are based:

5. The issues involved in the case are: _____

6. List names of witnesses to be called at trial and give brief statement as to what each would testify (Specify if expert and what field):

I hereby certify that the address of each witness is known and to the best of my knowledge each witness will be available for trial. Attorney should initial _____.

If not reason: _____

7. Unique legal authorities upon which the claim or defense is based: (list, do not Copy, Code sections you request to be charged) _____.

8. State any unusual questions concerning admission of evidence or procedure likely to arise at trial:

9. List exhibits to be offered at trial: (if sketch or plat is to be used, must present at Pretrial-blackboard to be used only during final argument).
a. _____ b. _____
b. _____ d. _____

I hereby certify that I have presented the exhibits to opposing counsel for review. Attorney should initial _____.

10. State damages (please total the amount of damages) \$ _____.

a. Amount of total medical bills and to whom owed (list total and then list separately)

Total Medical Bills _____

List separately _____

b. Lost wages-list rate of pay, whether net or gross, number of days, weeks, etc., and name of employer:

- c. Amount claimed for pain and suffering, if any: \$_____
- d. Nature of injury-if permanent-disability rating (of body part, of whole person)-age of party-life expectancy:

- e. Property damage-amount of repair bill-loss of use and depreciation, if any-total loss amount claimed:

- f. If contract case-attach copy – if oral, state substance:

11. If representing insurance company, list name of company, type of coverage(i.e., Primary, UM, UIM) and amount of coverage:

12. Absolute minimum/maximum amount which attorney, in good faith, could recommend to client in settlement: \$_____.
- Please do not** come to pretrial without some authority or without having discussed settlement with client.
13. Anticipated length of trial: _____ hour(s), or _____ days(s). Attorney should request day certain if needed (only day certain allowed is first case on each Monday).

14. Under SCRCP 48, I agree to a jury of 6 8 10 12 (circle one)
 Jurors with the usual four strikes per party.
 I agree to waive the alternate juror. Y/N.

15. This case will be ready to be tried at the term for which it will be for trial.
Y/N

State any reason why the case cannot be tried at the term for which it will be for trial:

16. Are you willing to mediate this case?

_____ YES _____ NO

if not, why not? _____

17. Are you willing to submit this case to binding arbitration?

_____ YES _____ NO

if not, why not? _____

I hereby certify that I have read this pretrial brief and attest to the correctness thereof.

Dated: _____ 2002

Principal Trial Attorney

You must exchange pretrial briefs with opposing counsel as required by Ellis v. Proctor and Gamble, ____ S.C. ____, 433 S.E.2d 856 (1993).

Please bring **three (3)** copies of the pretrial brief, one for the judge, the law clerk, and opposing counsel.