

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address) :  TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	<i>Reserved for Clerk's File Stamp</i>
<p style="text-align: center;"><b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED</b></p> STREET ADDRESS: <b>627 West 21<sup>st</sup> Street</b> MAILING ADDRESS: <b>627 West 21<sup>st</sup> Street</b> CITY AND ZIP CODE: <b>Merced, CA 95340</b> BRANCH NAME: <b>Civil</b>	<p style="text-align: center;"><b>NATURE OF CASE</b></p> Personal Injury Property Damage or Wrongful Death Involving Motor Vehicle All other Personal Injury, etc. Eminent Domain Other Civil
PLAINTIFF:  DEFENDANT:	<p><b>NOTE:</b> Eminent domain actions must show parcel number. Submit one copy of this form for each parcel and for each case if consolidated actions</p>
<p style="text-align: center;"> <b>AT-ISSUE MEMORANDUM                      AMENDED                      COUNTER AT-ISSUE</b>   <b>CASE NOT AT-ISSUE, REQUEST TRIAL SETTING CONFERENCE</b> </p>	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: \_\_\_\_\_

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)