



VERDICT REPORTER

(Form must be typed)

Judgment \$ _____
Offer \$ _____ *Settlement \$ _____
Demand \$ _____ Place of Trial _____
Injuries: (list in order of significance) Judge for Trial _____

Plaintiff's Counsel: Name _____
Address _____
Telephone _____

Defendant's Counsel: Name _____
Name of Insurance Company : _____
Name of Defendant's Insurance Co.: _____
Type of Action: (rear ender, product liability, slip and fall, etc.)

Age of Plaintiff: _____
Medical Specials (past) \$ _____
Medical Specials (future) \$ _____
Wage Loss: \$ _____
Diminished Earning Capacity: \$ _____

Experts:
Plaintiff: _____
Defense: _____

Case Caption: (Optional) _____
Month and Year of Decision: _____

*Note: Written permission from your client to disperse settlement figures may be advisable.

RETURN VIA FAX TO:
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