

<b>CIVIL ACTION COVER SHEET</b>	DOCKET NUMBER	<b>Trial Court of Massachusetts The Superior Court</b> 
PLAINTIFF(S): ADDRESS:  		COUNTY:  
DEFENDANT(S):  		
ATTORNEY: ADDRESS:  		ADDRESS:  
BBO:  		
CODE NO.	TYPE OF ACTION AND TRACK DESIGNATION (see reverse side) TYPE OF ACTION (specify)	TRACK
		HAS A JURY CLAIM BEEN MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO
*If "Other" please describe:		
<div style="display: flex; justify-content: space-between;"><div>Is there a claim under G.L. c. 93A? <input type="checkbox"/> YES    <input type="checkbox"/> NO</div><div>Is this a class action under Mass. R. Civ. P. 23? <input type="checkbox"/> YES    <input type="checkbox"/> NO</div></div>		
<b>STATEMENT OF DAMAGES PURSUANT TO G.L. c. 212, § 3A</b>		
The following is a full, itemized and detailed statement of the facts on which the undersigned plaintiff or plaintiff's counsel relies to determine money damages. For this form, disregard double or treble damage claims; indicate single damages only.		
<b>TORT CLAIMS</b> (attach additional sheets as necessary)		
A. Documented medical expenses to date:		
1. Total hospital expenses .....		\$
2. Total doctor expenses .....		\$
3. Total chiropractic expenses .....		\$
4. Total physical therapy expenses .....		\$
5. Total other expenses (describe below) .....		\$
<b>Subtotal (A):</b>		\$
B. Documented lost wages and compensation to date .....		\$
C. Documented property damages to date .....		\$
D. Reasonably anticipated future medical and hospital expenses .....		\$
E. Reasonably anticipated lost wages .....		\$
F. Other documented items of damages (describe below) .....		\$
G. Briefly describe plaintiff's injury, including the nature and extent of injury:		
<b>TOTAL (A-F):</b> \$		
<b>CONTRACT CLAIMS</b> (attach additional sheets as necessary)		
<input type="checkbox"/> This action includes a claim involving collection of a debt incurred pursuant to a revolving credit agreement. Mass. R. Civ. P. 8.1(a).		
Provide a detailed description of claim(s):		
<b>TOTAL:</b> \$		
<b>Signature of Attorney/ Unrepresented Plaintiff: X</b>		<b>Date:</b>
<b>RELATED ACTIONS:</b> Please provide the case number, case name, and county of any related actions pending in the Superior Court.		
<b>CERTIFICATION PURSUANT TO SJC RULE 1:18</b>		
I hereby certify that I have complied with requirements of Rule 5 of the Supreme Judicial Court Uniform Rules on Dispute Resolution (SJC Rule 1:18) requiring that I provide my clients with information about court-connected dispute resolution services and discuss with them the advantages and disadvantages of the various methods of dispute resolution.		
<b>Signature of Attorney of Record: X</b>		<b>Date:</b>