

STATEMENT OF DAMAGES
G.L. c. 218, § 19A (a)

Trial Court of Massachusetts
BOSTON MUNICIPAL COURT DEPARTMENT
_____ Division

DOCKET NUMBER

PLAINTIFF(S)

DEFENDANT(S)

INSTRUCTIONS: THIS FORM MUST BE COMPLETED AND FILED WITH THE COMPLAINT OR OTHER INITIAL PLEADING IN ALL BOSTON MUNICIPAL COURT CIVIL ACTIONS SEEKING MONEY DAMAGES. FOR THIS FORM, DISREGARD DOUBLE OR TREBLE DAMAGE CLAIMS; INDICATE SINGLE DAMAGES ONLY.

TYPE OF ACTION: Tort Contract **IS THIS A JURY CASE?** Yes No

TORT CLAIMS

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).....
..... \$.....

SUBTOTAL \$.....

B. Documented lost wages and compensation to date \$.....

C. Documented property damage to date \$.....

D. Reasonably anticipated future medical and hospital expenses \$.....

E. Reasonably anticipated lost wages \$.....

F. Other documented items of damages (describe).....
..... \$.....

G. Brief description of plaintiff's injury, including nature and extent of injury (describe).....
..... \$.....

TOTAL \$.....

CONTRACT CLAIMS

Provide a detailed description of claim(s):

TOTAL \$.....

ATTORNEY FOR (OR PRO-SE) PLAINTIFF:

SIGNATURE _____ DATED _____

PRINT OR TYPE NAME _____ BBO NO. _____

ADDRESS _____

DEFENDANT'S NAME AND ADDRESS:
