

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

Docket No.:

Division:

Trial Court of Massachusetts
District Court Department

Plaintiff(s)

Defendant(s)

INSTRUCTIONS: THIS FORM MUST BE COMPLETED AND FILED WITH THE COMPLAINT OR OTHER INITIAL PLEADING IN ALL DISTRICT COURT CIVIL ACTIONS SEEKING MONEY DAMAGES.

TORT CLAIMS

AMOUNT

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): _____ \$ _____

B. **SUBTOTAL for lines 1-5 above:**

\$ _____

C. Documented lost wages and compensation to date:

\$ _____

D. Documented property damages to date:

\$ _____

E. Reasonable anticipated future medical and hospital expenses:

\$ _____

F. Reasonably anticipated lost wages:

\$ _____

G. Other documented items of damage (Describe): _____

\$ _____

For this form, disregard double or treble damage claims, indicate single damages only.

TOTAL TORT CLAIMS for lines B-G above:

\$ _____

H. Brief description of Plaintiff's injury, including nature and extent of injury (Describe): _____

CONTRACT CLAIMS

AMOUNT

Provide a detailed description of claim(s): _____

\$ _____
 \$ _____
 \$ _____

For this form, disregard double or treble damage claims; indicate single damages only.

TOTAL CONTRACT CLAIMS:

\$ _____

ATTORNEY FOR PLAINTIFF (OR PRO SE PLAINTIFF):

Signature: _____

Type Name: _____

Address: _____

Phone: _____

B.B.O.#: _____

Date: _____

DEFENDANT'S NAME AND ADDRESS & PHONE:

