

1 SELARZ LAW CORP.  
DANIEL E. SELARZ (State Bar No. 287555)  
2 dselarz@selarzlaw.com  
11777 San Vicente Blvd., Suite 702  
3 Los Angeles, California 90049  
Telephone: 310.651.8685  
4 Facsimile: 310.651.8681

5 **Attorneys for Plaintiff(s),**  
[CLIENT'S NAME]

6  
7 [LAW FIRM NAME]  
[ATTORNEY'S NAME] (State Bar No. [#])  
8 [Street Address]  
[City, State & Zip Code]  
9 Telephone: [xxx.xxx.xxxx]  
10 Facsimile: [xxx.xxx.xxxx]

11 **Attorneys for Defendant(s),**  
[DEFENDANT'S NAME]

12  
13 **SUPERIOR COURT OF THE STATE OF CALIFORNIA**  
14 **COUNTY OF [COUNTY], [DISTRICT]**

15 [PLAINTIFF(S)], an individual,  
16 Plaintiff,  
17 vs.  
18 [DEFENDANT(S)], and DOES 1 to [#],  
inclusive,  
19 Defendants.

Case No. [ ]

**JOINT EXHIBIT LIST**

FSC Date: [ ]  
Trial Date: [ ]

Exhibit No.	Description	Stipulations	Date Identified	Date Admitted
1.	Photographs of Accident Location	<input type="checkbox"/> Authenticity <input type="checkbox"/> Foundation <input type="checkbox"/> Admissibility		
2.	Photographs of Defendant's Vehicle	<input type="checkbox"/> Authenticity <input type="checkbox"/> Foundation <input type="checkbox"/> Admissibility		
3.	Photographs of Plaintiff's Vehicle	<input type="checkbox"/> Authenticity <input type="checkbox"/> Foundation <input type="checkbox"/> Admissibility		

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

4.	Body Shop Estimate of Vehicle Repairs	<input type="checkbox"/> Authenticity <input type="checkbox"/> Foundation <input type="checkbox"/> Admissibility		
5.	Plaintiff's Medical Records from [Medical Facility]	<input type="checkbox"/> Authenticity <input type="checkbox"/> Foundation <input type="checkbox"/> Admissibility		
6.	Plaintiff's Billing Statement from [Medical Facility]	<input type="checkbox"/> Authenticity <input type="checkbox"/> Foundation <input type="checkbox"/> Admissibility		
7.	Summary of Plaintiff's Medical Expenses	<input type="checkbox"/> Authenticity <input type="checkbox"/> Foundation <input type="checkbox"/> Admissibility		
8.	Medical Diagrams of Plaintiff's Injuries	<input type="checkbox"/> Authenticity <input type="checkbox"/> Foundation <input type="checkbox"/> Admissibility		
9.	DME Report by [Defense Medical Expert]	<input type="checkbox"/> Authenticity <input type="checkbox"/> Foundation <input type="checkbox"/> Admissibility		
10.	TBD	<input type="checkbox"/> Authenticity <input type="checkbox"/> Foundation <input type="checkbox"/> Admissibility		
11.	TBD	<input type="checkbox"/> Authenticity <input type="checkbox"/> Foundation <input type="checkbox"/> Admissibility		
12.	TBD	<input type="checkbox"/> Authenticity <input type="checkbox"/> Foundation <input type="checkbox"/> Admissibility		
13.	TBD	<input type="checkbox"/> Authenticity <input type="checkbox"/> Foundation <input type="checkbox"/> Admissibility		
14.	TBD	<input type="checkbox"/> Authenticity <input type="checkbox"/> Foundation <input type="checkbox"/> Admissibility		
15.	TBD	<input type="checkbox"/> Authenticity <input type="checkbox"/> Foundation <input type="checkbox"/> Admissibility		
100.		<input type="checkbox"/> Authenticity <input type="checkbox"/> Foundation <input type="checkbox"/> Admissibility		
101.		<input type="checkbox"/> Authenticity <input type="checkbox"/> Foundation <input type="checkbox"/> Admissibility		

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

102.	<input type="checkbox"/> Authenticity <input type="checkbox"/> Foundation <input type="checkbox"/> Admissibility		
103.	<input type="checkbox"/> Authenticity <input type="checkbox"/> Foundation <input type="checkbox"/> Admissibility		
104.	<input type="checkbox"/> Authenticity <input type="checkbox"/> Foundation <input type="checkbox"/> Admissibility		
105.	<input type="checkbox"/> Authenticity <input type="checkbox"/> Foundation <input type="checkbox"/> Admissibility		
106.	<input type="checkbox"/> Authenticity <input type="checkbox"/> Foundation <input type="checkbox"/> Admissibility		
107.	<input type="checkbox"/> Authenticity <input type="checkbox"/> Foundation <input type="checkbox"/> Admissibility		
108.	<input type="checkbox"/> Authenticity <input type="checkbox"/> Foundation <input type="checkbox"/> Admissibility		
109.	<input type="checkbox"/> Authenticity <input type="checkbox"/> Foundation <input type="checkbox"/> Admissibility		

DATED: May 24, 2018

**SELARZ LAW CORP.**

By: \_\_\_\_\_  
Daniel E. Selarz, Esq.  
**Attorneys for Plaintiff(s),**  
[Client's Name(s)]

DATED: May 24, 2018

**[FIRM NAME]**

By: \_\_\_\_\_  
[Attorney's Name], Esq.  
**Attorneys for Defendant(s),**  
[Defendant's Name(s)]