

- DO NOT FILE WITH THE COURT -
-UNLESS YOU ARE APPLYING FOR A DEFAULT JUDGMENT UNDER CODE OF CIVIL PROCEDURE § 585 -

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): DANIEL E. SELARZ, ESQ. (SBN 287555) SELARZ LAW CORP. 11777 SAN VICENTE BLVD., SUITE 702 LOS ANGELES, CALIFORNIA 90049 TELEPHONE NO.: (310) 651-8685 FAX NO. (Optional): (310) 651-8681 E-MAIL ADDRESS (Optional): DSELARZ@SELARZLAW.COM ATTORNEY FOR (Name): PLAINTIFF(S)	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: 111 N HILL STREET MAILING ADDRESS: CITY AND ZIP CODE: LOS ANGELES, 90012 BRANCH NAME: CENTRAL DISTRICT - STANLEY MOSK COURTHOUSE	
PLAINTIFF/PETITIONER: [CLIENT'S NAME] DEFENDANT/RESPONDENT: [DEFENDANT'S NAME]	
STATEMENT OF DAMAGES (Personal Injury or Wrongful Death)	CASE NUMBER: [Case Number]

To (name of one defendant only):
 Plaintiff (name of one plaintiff only):
 seeks damages in the above-entitled action, as follows:

	AMOUNT
1. General damages	
a. <input checked="" type="checkbox"/> Pain, suffering, and inconvenience	\$ _____
b. <input checked="" type="checkbox"/> Emotional distress	\$ _____
c. <input type="checkbox"/> Loss of consortium	\$ _____
d. <input type="checkbox"/> Loss of society and companionship (wrongful death actions only)	\$ _____
e. <input type="checkbox"/> Other (specify)	\$ _____
f. <input type="checkbox"/> Other (specify)	\$ _____
g. <input type="checkbox"/> Continued on Attachment 1.g.	
2. Special damages	
a. <input checked="" type="checkbox"/> Medical expenses (to date)	\$ _____
b. <input checked="" type="checkbox"/> Future medical expenses (present value)	\$ _____
c. <input checked="" type="checkbox"/> Loss of earnings (to date)	\$ _____
d. <input checked="" type="checkbox"/> Loss of future earning capacity (present value)	\$ _____
e. <input type="checkbox"/> Property damage	\$ _____
f. <input type="checkbox"/> Funeral expenses (wrongful death actions only)	\$ _____
g. <input type="checkbox"/> Future contributions (present value) (wrongful death actions only)	\$ _____
h. <input type="checkbox"/> Value of personal service, advice, or training (wrongful death actions only)	\$ _____
i. <input type="checkbox"/> Other (specify)	\$ _____
j. <input type="checkbox"/> Other (specify)	\$ _____
k. <input type="checkbox"/> Continued on Attachment 2.k.	
3. <input type="checkbox"/> Punitive damages: Plaintiff reserves the right to seek punitive damages in the amount of (specify).....	\$ _____
when pursuing a judgment in the suit filed against you.	

Date:

_____ Daniel E. Selarz _____
 (TYPE OR PRINT NAME)

▶ Daniel Selarz
 (SIGNATURE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF)

(Proof of service on reverse)