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5 **Attorneys for Plaintiff(s),**
 [CLIENT'S NAME]
 6 [LAW FIRM NAME]
 7 [ATTORNEY'S NAME] (State Bar No. [#])
 8 [Street Address]
 [City, State & Zip Code]
 9 Telephone: [xxx.xxx.xxxx]
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11 **Attorneys for Defendant(s),**
 [DEFENDANT'S NAME]

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

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

Case No. []

JOINT EXHIBIT LIST

FSC Date: []
 Trial Date: []

Exhibit No.	Description	Offered By	Stipulations	Objections	Date Identified	Date Admitted
1.	Photographs of Accident Location		<input type="checkbox"/> Authenticity <input type="checkbox"/> Foundation <input type="checkbox"/> Admissibility			
2.	Photographs of		<input type="checkbox"/> Authenticity			

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	Defendant's Vehicle		<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			
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			

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			<input type="checkbox"/> Admissibility			
11.	TBD		<input type="checkbox"/> Authenticity			
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12.	TBD		<input type="checkbox"/> Authenticity			
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13.	TBD		<input type="checkbox"/> Authenticity			
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14.	TBD		<input type="checkbox"/> Authenticity			
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15.	TBD		<input type="checkbox"/> Authenticity			
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102.			<input type="checkbox"/> Authenticity			

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103.			<input type="checkbox"/> Authenticity			
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104.			<input type="checkbox"/> Authenticity			
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109.			<input type="checkbox"/> Authenticity			
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110.			<input type="checkbox"/> Authenticity			

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			<input type="checkbox"/>			
			Foundation			
			<input type="checkbox"/>			
			Admissibility			

DATED: May 24, 2020

SELARZ LAW CORP.

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

DATED: May 24, 2020

[FIRM NAME]

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

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