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| CIVIL ACTION COVER SHEET | | TRIAL COURT OF MASSACHUSETTS SUPERIOR COURT DEPARTMENT | | DOCKET NO. <u>13-1024C</u> | |
| | | COUNTY OF _____ | | | |
| PLAINTIFF(S) | | | DEFENDANT(S) <u>North Andover School District</u> | | |
| Plaintiff Atty <u>Eleanor Cox</u> | | Type Defendant's Attorney Name _____ | | | |
| Address <u>30 Prospect St</u> | | Defendant Atty _____ | | | |
| City <u>No. Andover</u> State <u>MA</u> Zip Code <u>01845</u> | | Address _____ City _____ State _____ Zip Code _____ | | | |
| Tel. <u>978-682-1969</u> BBO# _____ | | | | | |
| TYPE OF ACTION AND TRACK DESIGNATION (See reverse side) | | | | | |
| CODE NO. <u>E99</u> | | TYPE OF ACTION (specify) _____ | | TRACK _____ | |
| IS THIS A JURY CASE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| The following is a full, itemized and detailed statement of the facts on which plaintiff relies to determine money damages. For this form, disregard double or treble damage claims; indicate single damages only. | | | | | |
| TORT CLAIMS (Attach additional sheets as necessary) | | | | | |
| 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. | Documented lost wages and compensation to date | | | | Subtotal \$ |
| C. | Documented property damages to date | | | | \$ |
| D. | Reasonably anticipated future medical expenses | | | | \$ |
| E. | Reasonably anticipated lost wages and compensation to date | | | | \$ |
| F. | Other documented items of damages (describe) | | | | \$ <u>3500-</u> |
| G. | Brief description of plaintiff's injury, including nature and extent of injury (describe) <u>my daughter Erin Cox is in deep need of getting her dignity back. She has been fighting for her innocence, but it has fallen on deaf ears</u> | | | | Total \$ _____ |
| CONTRACT CLAIMS (Attach additional sheets as necessary) | | | | | |
| Provide a detailed description of claim(s): <u>Erin was on her way home from work she received a call from a friend in need - went to pick her up and shortly thereafter the police arrived</u> | | | | | |
| PLEASE IDENTIFY, BY CASE NUMBER, NAME AND COUNTY, ANY RELATED ACTION PENDING IN THE SUPERIOR COURT DEPARTMENT | | | | | |
| "I hereby certify that I have complied with the requirements of Rule 5 of the Supreme Judicial Court Uniform Rules on Dispute Resolution (SJC Rule 1:18) requiring that I provide my clients with information about court-connected dispute resolution services and discuss with them the advantages and disadvantages of the various methods." Signature of Attorney of Record <u>Eleanor Cox</u> Date: <u>10/11/13</u> A.O.S.C. 3-2007 | | | | | |