

SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN FRANCISCO

400 McAllister Street, San Francisco, CA 94102
Phone: 415-551-4000 | Website: <https://sfsuperiorcourt.org>



CHECKLIST FOR COURT JUDGMENT – PERSONAL INJURY/PROPERTY DAMAGE

Case Number: _____

1. Were all named co-defendants defaulted/dismissed? Yes No

2. Principal

	Requested	Awarded
Principal in Prayer	\$ _____	\$ _____
(-) Less Credit	- \$ _____	- \$ _____
Principal Awarded =		\$ _____

3. Defendant informed of amount of bill (date): _____

4. Prejudgment Interest

	Requested	Awarded
Prejudgment interest (10% if after 01-01-1986)	\$ _____	\$ _____
(_____% x \$ _____ principal ÷ 365 days x _____ days from the date of the demand to the date of judgment)		

Amount of Pre-Judgment Interest Awarded = \$ _____

5. Costs

	Requested	Awarded
Cost for filing fee	\$ _____	\$ _____
Process server	\$ _____	\$ _____
Process server is	<input type="checkbox"/> registered <input type="checkbox"/> exempt	
Other costs (Define: _____)	\$ _____	\$ _____
Total Costs Awarded =		\$ _____

6. Does Declaration justify higher costs? Yes No

7. Is there a Subrogation declaration from the Insurance Company? Yes No

8. Is there a 585(d) Declaration? Yes No

Case Number: _____

9. Claims

	Requested	Awarded
Wage loss	\$ _____	\$ _____
Number of days on employer's verification:	_____	_____ days

(A) Total Wage Loss Awarded = \$ _____

	Requested	Awarded
Medical expenses	\$ _____	\$ _____
Bills substantiating medical:	_____	_____

(B) Total Medical Expense Awarded = \$ _____

	Requested	Awarded
Property damage	\$ _____	\$ _____
Repair bills substantiating property damage:	_____	_____

(C) Total Property Damage Awarded = \$ _____

	Requested	Awarded
Towing and other charges	\$ _____	\$ _____
Towing and other charges substantiating charges:	_____	_____

(D) Total Towing Awarded = \$ _____

	Requested	Awarded
Loss of use	\$ _____	\$ _____
Number of hours/days on repair bill: Days _____ Hours _____		

(E) Total Loss of Use Awarded = \$ _____

TOTAL CLAIMED (add A + B + C + D + E)	\$ _____
TOTAL PRINCIPAL REQUESTED	\$ _____
BALANCE, if any	\$ _____

Date: _____

Signature
Printed Name: _____

FOR COURT USE ONLY

Date: _____

Clerk: _____

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