Your Name:	
Address:	
Phone Number:	
Fax Number:	
E-mail Address:	
Pro Se Plaintiff	
UNITED STATE	S DISTRICT COURT
NORTHERN DIST	RICT OF CALIFORNIA
Division [check one]:   San Francisco	Oakland
	T.
	Case Number
Plaintiff,	INITIAL DISCLOSURES [check one]
v.	☐ Original
	☐ Supplemental
Defendant.	☐ Amended
Defendant.	Judge: Hon.
[See the Instructions for more information about pre	eparing Initial Disclosures.]

INITIAL DISCLOSURES

1. **List of Witnesses** – [Fill in the table below with the name, and if you know, the address and telephone number of each person whose testimony or written statements you might use to support your claims or defenses. Briefly write a description of what the person knows. Use additional pages as needed.]

Person's Name	Person's Address & Phone	Description of What Person Knows

2. **List of Documents and Things** – [Fill in the table below with a list of each category of documents, electronically-stored information, or other item you may use to support your claims or defenses. For each category, write in its location, such as "plaintiff" or "Dr. Jones, 1234 Street, City." Use additional pages as needed.]

<ul><li>5</li><li>6</li></ul>	CATEGORY of Document, Electronically Stored Information, Item, or Tangible Thing	LOCATION of Document, Electronically Stored Information, Item, or Tangible Thing
7		
8		
9		
10		
1		
2		
3		
4		
.5		
.6		
7		
.8		
9		
20		
21		
22		
23		
24		
25		

3. Plaintiffs/Clai	imants Damages Calculation – List each kind of harm you experienced. For each,			
calculate the amount	culate the amount owed and how you came up with that number.			
	iability Insurance – If you have liability insurance for any of the claims in the lawsur			
write the name of the	e insurer and type of policy below.			
Date:	Sign Name:			
	Sign Name:  Print Name:			
	Time Name.			