

CIVIL ACTION COVER SHEET		DOCKET NUMBER	Massachusetts Trial Court Superior Court
		COUNTY	PLYMOUTH
Plaintiff: <u>SANDRA FERNANDEZ</u>		Defendant: <u>KACHES LAW GROUP ET AL</u>	
ADDRESS: <u>550 LIBERTY ST UNIT 905</u> <u>BRAINTREE MA</u>		ADDRESS: <u>2 LAKESHORE CENTER</u> <u>SUITE 3, BRIDGEWATER</u> <u>MA 02324</u>	
Plaintiff Attorney: <u>PRO SE</u>		Defendant Attorney:	
ADDRESS:		ADDRESS: <u>NOT KNOWN</u>	
BBO:		BBO:	
TYPE OF ACTION AND TRACK DESIGNATION (see instructions section on next page)			
CODE NO. <u>BOF</u>	TYPE OF ACTION (specify) <u>LEGAL MALPRACTICE / PROFESSIONAL NEGLIGENCE / BREACH OF FIDUCIARY DUTY</u>	TRACK <u>A</u>	HAS A JURY CLAIM BEEN MADE? ☒ YES ☐ NO
*If "Other" please describe: <u>TRAUMA / BREACH OF CONTRACT / INVASION OF PRIVACY / DEFAMATION / AND MORE</u>			
Is there a claim under G.L. c. 93A? ☒ YES ☐ NO		Is there a class action under Mass. R. Civ. P. 23? ☐ YES ☒ NO	
STATEMENT OF DAMAGES REQUIRED BY G.L. c. 212, § 3A			
The following is a full, itemized and detailed statement of the facts on which the undersigned plaintiff or plaintiff's counsel relies to determine money damages. (Note to plaintiff: for this form, do not state double or treble damages; indicate single damages only.)			
TORT CLAIMS			
A. Documented medical expenses to date			
1. Total hospital expenses		<u>N/A</u>	
2. Total doctor expenses		<u>N/A</u>	
3. Total chiropractic expenses		<u>N/A</u>	
4. Total physical therapy expenses		<u>N/A</u>	
5. Total other expenses (describe below)		<u>N/A</u>	
Subtotal (1-5):		<u>N/A</u> \$0.00	
B. Documented lost wages and compensation to date			
C. Documented property damages to date			
D. Reasonably anticipated future medical and hospital expenses			
E. Reasonably anticipated lost wages			
F. Other documented items of damages (describe below)			
<u>ANXIETY, EMOTIONAL STRESS, POSITIVE & NEGATIVE CHANGES IN</u> <u>PERSONAL ENVIRONMENT AND OTHER</u>			
TOTAL (A-F):		<u>800,000</u> \$0.00	
G. Briefly describe plaintiff's injury, including the nature and extent of the injury:			
<u>LEGAL MALPRACTICE AND FIDUCIARY BREACH CAUSING ECONOMIC RETORTIONAL LOSS</u> <u>ALL FIGURES ARE ESTIMATES TO APPROXIMATE RECOVERY TO BE DETERMINED AT TRIAL</u>			
CONTRACT CLAIMS			
☐ This action includes a claim involving collection of a debt incurred pursuant to a revolving credit agreement. Mass. R. Civ. P. 8.1(a).			
Item #	Detailed Description of Each Claim	Amount	
1.			
Total			
Signature of Attorney/Self-Represented Plaintiff: X		Date: <u>11/16/2025</u>	
RELATED ACTIONS: Please provide the case number, case name, and county of any related actions pending in the Superior Court.			
<u>NONE</u>			
CERTIFICATION UNDER S.J.C. RULE 1:18(5)			
I hereby certify that I have complied with requirements of Rule 5 of Supreme Judicial Court Rule 1:18: Uniform Rules on Dispute Resolution, requiring that I inform my clients about court-connected dispute resolution services and discuss with them the advantages and disadvantages of the various methods of dispute resolution.			
Signature of Attorney: X		Date:	