

CONFIDENTIAL
SETTLEMENT CONFERENCE WORK SHEET
JUSTICE PAUL A. VICTOR, PRESIDING

TITLE OF PROCEEDINGS¹

-----X

INDEX NO.: _____

DATE NOTE OF ISSUE FILED: _____

STANDARD & GOALS _____

ESTIMATED LENGTH OF TRIAL: _____

v.

-----X

ATTORNEY APPEARANCES²

PLAINTIFF(S)

1. _____
ATTORNEY OF RECORD FOR _____
OFFICE ADDRESS AND PHONE NUMBER

TRIAL COUNSEL AND PHONE NUMBER

2. _____
ATTORNEY OF RECORD FOR _____
OFFICE ADDRESS AND PHONE NUMBER

TRIAL COUNSEL AND PHONE NUMBER

3. _____
ATTORNEY OF RECORD FOR _____
OFFICE ADDRESS AND PHONE NUMBER

TRIAL COUNSEL AND PHONE NUMBER

DEFENDANT(S)

1. _____
ATTORNEY OF RECORD FOR _____
OFFICE ADDRESS AND PHONE NUMBER

TRIAL COUNSEL AND PHONE NUMBER

2. _____
ATTORNEY OF RECORD FOR _____
OFFICE ADDRESS AND PHONE NUMBER

TRIAL COUNSEL AND PHONE NUMBER

3. _____
ATTORNEY OF RECORD FOR _____
OFFICE ADDRESS AND PHONE NUMBER

TRIAL COUNSEL AND PHONE NUMBER

¹IDENTIFY ALL PARTIES INCLUDING THIRD PARTY PLAINTIFFS AND DEFENDANTS. ADD AN ADDENDUM TO THIS PAGE IF NECESSARY.

²ALL ATTORNEYS OF RECORD MUST BE IDENTIFIED. IF NECESSARY PROVIDE AN ADDENDUM TO THIS PAGE. IF TRIAL COUNSEL AS BEEN SELECTED HE/SHE MUST ALSO BE IDENTIFIED.

DOCUMENTS REQUIRED FOR SETTLEMENT CONFERENCES

FOR SETTLEMENT PURPOSES IT WOULD BE EXTREMELY HELPFUL TO THE COURT, AS WELL AS OF ASSISTANCE TO THE PARTIES, IF THE FOLLOWING DOCUMENTS ARE BROUGHT TO THE COURT ON EACH CONFERENCE DATE. PLEASE CHECK OFF THOSE DOCUMENTS WHICH WILL BE SHOWN TO THE COURT. IF THESE DOCUMENTS ARE NOT PROVIDED THE COURT WILL FIND IT EXTREMELY DIFFICULT TO ASSIST IN A MEANINGFUL SETTLEMENT CONFERENCE.

(1) FOR ALL CASES PROVIDE THE FOLLOWING REPORTS/RECORDS:

<u>DESCRIPTION</u>	<u>COURT'S COMMENTS</u>
<input type="checkbox"/> PROOF OF PRIOR NOTICE	_____
<input type="checkbox"/> NOTICE OF CLAIM	_____
<input type="checkbox"/> 50-H TRANSCRIPT	_____
<input type="checkbox"/> EBT'S	_____
<input type="checkbox"/> WRITTEN STATEMENTS	_____
<input type="checkbox"/> <u>PHOTOGRAPHS (NOT PHOTOCOPIES)</u>	_____
<input type="checkbox"/> OF LOCATION	_____
<input type="checkbox"/> OF INJURIES	_____
<input type="checkbox"/> OTHER DAMAGES	_____
<input type="checkbox"/> <u>INCIDENT, ACCIDENT REPORTS</u>	_____
<input type="checkbox"/> BY POLICE	_____
<input type="checkbox"/> BY AGENCY, BOARD OR AUTHORITY	_____
<input type="checkbox"/> BY PLAINTIFF	_____
<input type="checkbox"/> BY DEFENDANT	_____
<input type="checkbox"/> OTHER	_____
<input type="checkbox"/> <u>HOSPITAL RECORDS</u>	_____
<input type="checkbox"/> AMBULANCE/EMS	_____
<input type="checkbox"/> EMERGENCY ROOM	_____
<input type="checkbox"/> RADIOLOGY	_____
<input type="checkbox"/> OPERATIVE	_____
<input type="checkbox"/> OTHER	_____
<input type="checkbox"/> TREATING DOCTOR(S)	_____
<input type="checkbox"/> PHYSICAL THERAPY	_____
<input type="checkbox"/> EXPERT(S) - LIABILITY	_____
<input type="checkbox"/> EXPERT(S) - MEDICAL	_____
<input type="checkbox"/> PROOF OF ECONOMIC LOSSES	_____
<input type="checkbox"/> OTHER RELEVANT DOCUMENTS	_____
<input type="checkbox"/> SEE NEXT PAGE FOR ADDITIONAL DOCUMENTS REQUIRED FOR SPECIFIC TORT ALLEGED	_____

REQUIRED DOCUMENTS CONTINUED

<u>DESCRIPTION</u>	<u>COURT COMMENTS</u>
(2) <u>FOR TRIP & FALL CLAIMS</u>	
<input type="checkbox"/> BIG APPLE MAP	_____
<input type="checkbox"/> OTHER NOTICE	_____
<input type="checkbox"/> CONTRACTS, PERMITS, CUT FORMS	_____
(3) <u>FOR PREMISES CLAIMS</u>	
<input type="checkbox"/> OWNERSHIP	_____
<input type="checkbox"/> PRIOR COMPLAINTS	_____
<input type="checkbox"/> PHOTOGRAPHS	_____
(4) <u>FOR MOTOR VEHICLE ACCIDENT CLAIMS</u>	
<input type="checkbox"/> DMV HEARING TRANSCRIPT IF AVAILABLE	_____
<input type="checkbox"/> PHOTOGRAPHS OF VEHICLE	_____
<input type="checkbox"/> REPAIR BILL AND/OR ESTIMATE	_____
(5) <u>FOR POLICE MISCONDUCT CLAIMS</u>	
<input type="checkbox"/> ALL RELEVANT POLICE REPORTS	_____
<input type="checkbox"/> PHOTOGRAPHS	_____
<input type="checkbox"/> WITNESS STATEMENTS	_____
<input type="checkbox"/> CRIMINAL COURT COMPLAINT	_____
<input type="checkbox"/> INDICTMENT	_____
<input type="checkbox"/> CERTIFICATE OF DISPOSITION	_____
<input type="checkbox"/> TRANSCRIPT OF PROCEEDINGS	_____
<input type="checkbox"/> PLAINTIFF'S ARREST/CONVICTION RECORD	_____
<input type="checkbox"/> INVOICE FOR LEGAL DEFENSE FEES	_____
<input type="checkbox"/> OTHER ECONOMIC DAMAGES INCURRED	_____
(6) <u>FOR PROPERTY DAMAGE CLAIMS</u>	
<input type="checkbox"/> PHOTOGRAPHS	_____
<input type="checkbox"/> ORIGINAL PURCHASE RECEIPTS, CANCELLED	_____
<input type="checkbox"/> CANCELLED CHECKS	_____
<input type="checkbox"/> APPRAISALS, WARRANTIES, ETC.	_____
<input type="checkbox"/> INSURANCE AGREEMENTS	_____
(7) <u>FOR THIRD PARTY CLAIMS</u>	
<input type="checkbox"/> INDEMNITY CONTRACTS	_____
<input type="checkbox"/> ALL APPLICABLE INSURANCE POLICIES	_____

PLAINTIFF'S PERSONAL INFORMATION³

NAME: _____ ; **DOB** _____ ; **MARITAL STATUS:** _____

OCCUPATION AND SALARY: (BOTH AT THE TIME OF INCIDENT AND AT PRESENT)

IDENTIFICATION OF EMPLOYER(S):

TIME LOST FROM WORK; AND THE PERIODS THEREOF: _____

TOTAL AMOUNT CLAIMED FOR LOST EARNINGS:

PAST AMOUNT: \$ _____ **PERIOD: (FROM)** _____ **(TO)** _____

FUTURE AMOUNT: \$ _____ **PERIOD: (FROM)** _____ **(TO)** _____

DESCRIBE ALL LIENS AND/OR COLLATERAL SOURCES:

OTHER RELEVANT FACTORS:

³ MUST BE PROVIDED FOR EACH PLAINTIFF

INFORMATION REGARDING THE INCIDENT⁴

OCCURRENCE:

DATE: _____; TIME: _____; WEATHER _____

LOCATION: _____

LIGHTING AND OTHER FACTORS: _____

BRIEF DESCRIPTION OF INCIDENT: (PROVIDE PLAINTIFF'S AND DEFENDANT'S VERSION, IF KNOWN)

AMBULANCE AT SCENE?; POLICE AT SCENE? ; OTHER _____

WITNESSES: (PROVIDE NAME OF EACH WITNESS AND A SYNOPSIS OF THE EXPECTED TESTIMONY OF EACH SAID WITNESS WITNESSES STATEMENT)

WRITTEN STATEMENT OBTAINED?; EBT OF WITNESS CONDUCTED?

IDENTIFY ALL PERSONS, DEPARTMENTS AND/OR AGENCIES THAT INVESTIGATED INCIDENT AND STATE WHETHER REPORTS HAVE BEEN PREPARED AND FILED:

IDENTIFY ALL DISPUTED LEGAL AND FACTUAL DEFENSES, ISSUES AND DISPUTES, IF KNOWN.

⁴All information requested herein is confidential and provides the Court with the ability to make a fair evaluation of the settlement value of the case. It is not the intention of the Court to compromise counsels' trial strategy, and counsel is free to decline to provide any and all of other information requested. It is the Court's experience that whenever each side is candid about the strengths and weaknesses of their respective positions, a fair and early settlement is usually achieved. In addition, reliance upon the assumed lack of preparedness of your adversary is usually an illusion that pays no dividends. These tactics are usually not as effective as anticipated and, in any event, they result in a failed negotiation and a long delayed trial!

Please help the Court to help you settle this case in an expeditious fashion.

MEDICAL ISSUES

DESCRIPTION, NATURE AND EXTENT OF INJURIES:

AMBULANCE: YES NO _____

HOSPITAL: YES NO _____

SURGERY: YES NO _____

DATE, PLACE AND NATURE OF EACH SURGERY:

FIRST MEDICAL TREATMENT: **DATE:** _____

IDENTIFY HOSPITAL AND/OR MEDICAL PROVIDER: _____

DESCRIBE TREATMENT RENDERED:

LAST MEDICAL TREATMENT AND REPORT: **DATE** _____

1. **IDENTIFY HOSPITAL AND/OR MEDICAL PROVIDER:** _____

2. **DESCRIBE TREATMENT, COMPLAINTS, FINDINGS AND PROGNOSIS:** _____

PRESENT COMPLAINTS AND CONDITIONS:

MEDICAL ISSUES CONTINUED

MEDICAL EXPENSES INCURRED TO DATE: \$ _____

ESTIMATED FUTURE MEDICAL EXPENSES: \$ _____

DESCRIBE THE NATURE OF ALL CLAIMED FUTURE MEDICAL TREATMENT:

HOW WERE ABOVE MEDICAL EXPENSES PAID? _____

HAVE I.M.E.'s BEEN COMPLETED? YES NO
HAVE I.M.E. REPORTS BEEN EXCHANGED? YES NO

DESCRIBE RELEVANT FINDINGS & CONCLUSIONS

IDENTIFY ALL PRIOR AND SUBSEQUENT ACCIDENTS, INJURIES ,CLAIMS AND LAWSUITS WHICH MAY BE RELEVANT TO THE MEDICAL ISSUES IN THIS CASE!

LIENS

ARE THERE ANY LIENS? YES NO

PROVIDE THE FOLLOWING FROM EACH LIEN:

<u>LIENOR</u>	<u>AMOUNT</u>	<u>TYPE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

INITIAL SETTLEMENT CONFERENCE NOTES

DATE: _____

PLAINTIFF'S INITIAL DEMANDS

DEFENDANT'S OFFER

PLAINTIFF NO. 1

DEFENDANT NO. 1

PLAINTIFF NO. 2

DEFENDANT NO. 2

PLAINTIFF NO. 3

DEFENDANT NO. 3

FOLLOW-UP SETTLEMENT CONFERENCE NOTES

DATE AND ACTION TAKEN

DATE AND ACTION TAKEN

DATE AND ACTION TAKEN

DATE AND ACTION TAKEN

DATE AND ACTION TAKEN
