

**CONFIDENTIAL/SETTLEMENT WORK SHEET**

TITLE OF PROCEEDINGS \_\_\_\_\_

-----X

vs.

INDEX NO.: \_\_\_\_\_

DATE NOTE OF ISSUE FILED: \_\_\_\_\_

DESCRIBE TORT: \_\_\_\_\_

-----X

**THE PARTIES & ATTORNEYS OF RECORD<sup>1</sup>**

**PLAINTIFF(S)**

**DEFENDANT(S)**

1. \_\_\_\_\_  
(Name of Plaintiff)

1. \_\_\_\_\_  
(Name of Defendant)

**ATTORNEY OF RECORD**

**ATTORNEY OF RECORD**

OFFICE ADDRESS AND PHONE NUMBER

OFFICE ADDRESS AND PHONE NUMBER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance Carrier \_\_\_\_\_  
Policy Limits \_\_\_\_\_  
Ins. Contact Person \_\_\_\_\_  
Phone No. \_\_\_\_\_

2. \_\_\_\_\_  
(Name of Plaintiff)

2. \_\_\_\_\_  
(Name of Defendant)

**ATTORNEY OF RECORD**

**ATTORNEY OF RECORD**

OFFICE ADDRESS AND PHONE NUMBER

OFFICE ADDRESS AND PHONE NUMBER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance Carrier \_\_\_\_\_  
Policy Limits \_\_\_\_\_  
Ins. Contact Person \_\_\_\_\_  
Phone No. \_\_\_\_\_

3. \_\_\_\_\_  
(Name of Plaintiff)

3. \_\_\_\_\_  
(Name of Defendant)

**ATTORNEY OF RECORD**

**ATTORNEY OF RECORD**

OFFICE ADDRESS AND PHONE NUMBER

OFFICE ADDRESS AND PHONE NUMBER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance Carrier \_\_\_\_\_  
Policy Limits \_\_\_\_\_  
Ins. Contact Person \_\_\_\_\_  
Phone No. \_\_\_\_\_

**CONFERENCE NOTES BEGIN ON THE NEXT PAGE**

<sup>1</sup>ALL PARTIES AND THE ATTORNEYS OF RECORD MUST BE IDENTIFIED ON THIS PAGE.  
"COVERING" COUNSEL SHALL ONLY BE IDENTIFIED IN THE PROGRESS NOTES, *INFRA*.

**SUMMARY SHEET**

<u>PLAINTIFFS</u>	<u>DOB</u>	<u>OCCUPATION</u>	<u>LOST TIME</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

**SHORT DESCRIPTION OF TORT ALLEGED:** \_\_\_\_\_

**OCCURRENCE DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_

**PLAINTIFF'S VERSION OF OCCURRENCE:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DEFENDANT'S VERSION OF OCCURRENCE:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**INJURIES AND TREATMENT:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PAST AND FUTURE DAMAGES:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**LIENS:** \_\_\_\_\_

**PLAINTIFF(S) DEMANDS:** \_\_\_\_\_

**DEFENDANT(S) OFFERS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SETTLEMENT CONFERENCE PROGRESS NOTES**

**DATE AND ACTION TAKEN:** \_\_\_\_\_

**APPEARANCES:**

For Plaintiff: \_\_\_\_\_

For Defendant: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DATE AND ACTION TAKEN:** \_\_\_\_\_

**APPEARANCES:**

For Plaintiff: \_\_\_\_\_

For Defendant: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTINUED ON NEXT PAGE**

**PROGRESS NOTES CONTINUED**

**DATE AND ACTION TAKEN:** \_\_\_\_\_

**APPEARANCES:**

For Plaintiff: \_\_\_\_\_

For Defendant \_\_\_\_\_

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**DATE AND ACTION TAKEN:** \_\_\_\_\_

**APPEARANCES:**

For Plaintiff \_\_\_\_\_

For Defendant \_\_\_\_\_

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**DATE AND ACTION TAKEN:** \_\_\_\_\_

**APPEARANCES:**

For Plaintiff: \_\_\_\_\_

For Defendant \_\_\_\_\_

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**DATE AND ACTION TAKEN:** \_\_\_\_\_

**APPEARANCES:**

For Plaintiff \_\_\_\_\_

For Defendant \_\_\_\_\_

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**DATE AND ACTION TAKEN:** \_\_\_\_\_

**APPEARANCES:**

For Plaintiff: \_\_\_\_\_

For Defendant \_\_\_\_\_

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**DATE AND ACTION TAKEN:** \_\_\_\_\_

**APPEARANCES:**

For Plaintiff \_\_\_\_\_

For Defendant \_\_\_\_\_

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**DATE AND ACTION TAKEN:** \_\_\_\_\_

**APPEARANCES:**

For Plaintiff: \_\_\_\_\_

For Defendant \_\_\_\_\_

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**DATE AND ACTION TAKEN:** \_\_\_\_\_

**APPEARANCES:**

For Plaintiff \_\_\_\_\_

For Defendant \_\_\_\_\_

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# DOCUMENTS REQUIRED FOR SETTLEMENT CONFERENCES

**YOU MUST BRING TO COURT THE FOLLOWING DOCUMENTS (TO THE EXTENT THEY EXIST). 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.**

**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 OF DOCUMENT</u>	<u>EXPLANATION/ 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 CONDUCTED	_____
<input type="checkbox"/> STATEMENTS OBTAINED	_____
<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>HOSPITALIZATIONS AND RECORDS</u>	_____
<input type="checkbox"/> AMBULANCE/EMS	_____
<input type="checkbox"/> EMERGENCY ROOM/TRIAGE	_____
<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	_____
	(PLAINTIFF)
	(DEFENDANT)
<input type="checkbox"/> EXPERT(S) - MEDICAL	_____
	(PLAINTIFF)
	(DEFENDANT)
<input type="checkbox"/> PROOF OF ECONOMIC LOSSES	_____
<input type="checkbox"/> OTHER RELEVANT DOCUMENTS	_____

REQUIRED DOCUMENTS CONTINUED<sup>2</sup>

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

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<sup>2</sup> PROVIDE A SUPPLEMENTAL SHEET FOR ALL OTHER RELEVANT DOCUMENTS.