

SETTLEMENT CONFERENCE PART
HON. JOAN B. LEFKOWITZ
 Supreme Court, Westchester County
 Courtroom 1600

FILED BY: PLAINTIFF
 DEFENDANT

CONFERENCE DATE:	_____ , 20____
INDEX NO:	
FULL CAPTION:	
ATTORNEY(S) NAME, TELEPHONE #, MOBILE #:	
TYPE OF ACTION:	
DECISIONS ON SUBSTANTIVE MOTIONS (CPLR 3212 &3211):	
CONTENTIONS:	
DESCRIPTION OF INJURIES/DAMAGES:	
DEMAND:	\$
OFFER:	\$
INSURANCE INFORMATION INCLUDING: NAME OF INSURANCE COMPANY, POLICY LIMITS	
LIEN(S):	

COURT USE ONLY:	STANDARDS & GOALS: _____
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THE SETTLEMENT CONFERENCE PART ***REQUIRES*** THE FILING OF THIS FORM WITH A BILL OF PARTICULARS AT LEAST TWO WEEKS IN ADVANCE OF THE CONFERENCE VIA NYSCEF OR FOR NON-EFILED CASES BY E-MAIL TO SettlementConferenceWestchester@nycourts.gov
 FAILURE TO TIMELY FILE THIS FORM MAY RESULT IN THE SCHEDULING OF A TRIAL DATE