

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name & Address</i>): Telephone No.: _____ Fax No. (Optional): _____ E-Mail Address (Optional): _____ Bar No.: _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY CONFIDENTIAL NOT TO BE FILE STAMPED
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE <input type="checkbox"/> Central Justice Center, 700 Civic Center Dr. West, Santa Ana, CA 92701-4045 <input type="checkbox"/> Civil Complex Center, 751 W. Santa Ana Blvd., Santa Ana, CA 92701-4512 <input type="checkbox"/> North Justice Center, 1275 North Berkeley Ave., Fullerton, CA 92832-1258 <input type="checkbox"/> West Justice Center, 8141 13 th Street, Westminster, CA 92683-4593	
PLAINTIFF / PETITIONER: DEFENDANT / RESPONDENT:	CASE NUMBER:
SETTLEMENT CONFERENCE STATEMENT UNLIMITED CIVIL	Case assigned to: Judge: Department: Date complaint filed: Hearing date:

1. Describe the nature of the case: _____

2. Describe any equitable relief being sought: _____

 - a. The probability of plaintiff receiving a favorable judgment regardless of amount: _____%
 - The probability of cross-complainant receiving a favorable judgment regardless of amount: _____%

 - b. The minimum and maximum potential judgment according to your evaluation.
 Minimum \$ _____ Maximum \$ _____

3. If the case involves a defense(s) of comparative negligence, your assessment of negligence attributable to the parties:

Plaintiff _____	_____%
Defendant _____	_____%
Defendant _____	_____%
Defendant _____	_____%
Cross-Complainant _____	_____%
Cross-Defendant _____	_____%
Cross-Defendant _____	_____%

SETTLEMENT CONFERENCE STATEMENT

SHORT TITLE:	CASE NUMBER:
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a. Describe the conduct of plaintiff/cross-complainant that will bar or diminish any recovery:

b. Describe the factual basis of any legal defenses that will bar or diminish any recovery by plaintiff/cross-complaint.

4. If this is a personal injury or wrongful death action, each plaintiff/cross-complainant shall complete the following:

a. Nature and extent of injuries: _____

b. Permanent injuries being claimed: _____

c. Nature of any surgical procedures recommended or scheduled: _____

d. Total medical expenses to date: _____

e. Future medical expenses: _____

f. Loss of earnings to date: _____

g. Future loss of earnings: _____

h. Other special damages: _____

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SHORT TITLE:	CASE NUMBER:
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i. General damages: _____

j. Punitive damages: _____

5. If this is not a personal injury case, each plaintiff shall state the following with respect to each alleged item of damage:

a. Identify each item of damage supported by documentary evidence (type and amount):

b. Identify each item of damage not supported by documentary evidence (type and amount):

6. If you are a plaintiff/cross-complainant in this action, state your demand in order to settle this matter:

7. If you are a defendant/cross-defendant in this action, state the terms of your demand in order to settle this matter:

8. Describe the status of any previous settlement negotiations:

SUBMIT THIS DOCUMENT NO LATER THAN FIVE (5) COURT DAYS PRIOR TO
 THE MANDATORY SETTLEMENT CONFERENCE HEARING.

Date: _____

 (SIGNATURE OF PARTY OR ATTORNEY)

Attorney for: _____

SETTLEMENT CONFERENCE STATEMENT