

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and address)	<i>FOR COURT USE ONLY</i>
Attorney for (Name):	
<b>MERCED COUNTY SUPERIOR COURT</b> STREET ADDRESS: <input type="checkbox"/> 627 W. 21 <sup>st</sup> Street <input type="checkbox"/> 1159 "G" Street CITY, STATE, ZIP:            Merced, CA 95340                    Los Banos, CA 93635 BRANCH NAME:            CIVIL	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
<b>SETTLEMENT CONFERENCE STATEMENT - CONFIDENTIAL</b>	

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 _____	_____ %

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

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

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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: \_\_\_\_\_

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b. Permanent injuries being claimed: \_\_\_\_\_

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c. Nature of any surgical procedures recommended or scheduled: \_\_\_\_\_

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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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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 SIX (6) COURT DAYS PRIOR TO THE MANDATORY SETTLEMENT CONFERENCE HEARING PER LOCAL RULE 3.6.

Date: \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF PARTY OR ATTORNEY)

Attorney for: \_\_\_\_\_