ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and address)	FOR COURT USE ONLY			
Attorney for (Name):	1			
MERCED COUNTY SUPERIOR COURT				
STREET ADDRESS: G27 W. 21 st Street 1159 "G" Street CITY, STATE, ZIP: Merced, CA 95340 Los Banos, CA 93635				
BRANCH NAME: CIVIL				
	CASE NUMBER:			
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT: CASE NUMBER:				
DELENDANT/NEST ONDENT.	_			
SETTLEMENT CONFERENCE STATEMENT - CONFIDENTIAL				
	•			
Describe the nature of the case:				
Describe any equitable relief being sought:				
-				
a. The probability of plaintiff receiving a favorable judgment regardles	<u></u>			
The probability of cross-complainant receiving a favorable judgmer	nt regardless of amount:			
%				
b. The minimum and maximum potential judgment according to your	avaluation			
Minimum \$ Maximum \$	Svaidation.			
- Wαλιπαπ φ				
3. If the case involves a defense(s) of comparative negligence, your asse	ssment of nealigence			
attributable to the parties:	3 9 11			
Plaintiff%				
Defendant%				
Defendant%				
Defendant%				
Cross-Complainant%				
,				
Cross-Defendant%				
Cross-Defendant%				

CASE	NAME		CASE NUMBER
	a.	Describe the conduct of plaintiff/cross-complainant that will bar or di	iminish any recovery:
	b.	Describe the factual basis of any legal defenses that will bar or dimi plaintiff/cross-complaint.	nish any recovery by
4.		s is a personal injury or wrongful death action, each plaintiff/cross-comollowing:	plainant shall complete
	a. N _	ature and extent of injuries:	
	b. F	Permanent injuries being claimed:	
	c. N	Nature of any surgical procedures recommended or scheduled:	
	d. To	otal medical expenses to date:	
	e. F	Future medical expenses:	
	f. Lo	oss of earnings to date:	
	g. F	uture loss of earnings:	
	h. O	other special damages:	

	i.	General damages:	
	j.	Punitive damages:	
		his is not a personal injury case, each plaintiff shall state the following with respect to each alleged f 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 y	ou are a plaintiff/cross-complainant in this action, state your demand in order to settle this matter:	
7.	7. If you are a defendant/cross-defendant in this action, state the terms of your demand in order to settle this matter:		
8.	De	scribe 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.	
Da	ite:	(SIGNATURE OF PARTY OR ATTORNEY)	
		Attorney for:	

CASE NAME

CASE NUMBER