

**CONFIDENTIAL/SETTLEMENT WORK SHEET**  
**JUSTICE PAUL A. VICTOR, PRESIDING**

TITLE OF PROCEEDINGS \_\_\_\_\_ INDEX NO.: \_\_\_\_\_

-----X

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

ESTIMATED LENGTH OF TRIAL: \_\_\_\_\_

CASE TYPE: \_\_\_\_\_

-----X

**ATTORNEYS OF RECORD & TRIAL COUNSEL<sup>1</sup>**

**COUNSEL FOR PLAINTIFF(S)**

1. \_\_\_\_\_

ATTORNEY OF RECORD FOR \_\_\_\_\_

OFFICE ADDRESS AND PHONE NUMBER

\_\_\_\_\_

\_\_\_\_\_

TRIAL COUNSEL FOR PLAINTIFF NO. 1

\_\_\_\_\_

2. \_\_\_\_\_

ATTORNEY OF RECORD FOR \_\_\_\_\_

OFFICE ADDRESS AND PHONE NUMBER

\_\_\_\_\_

\_\_\_\_\_

TRIAL COUNSEL FOR PLAINTIFF NO. 2

\_\_\_\_\_

3. \_\_\_\_\_

ATTORNEY OF RECORD FOR \_\_\_\_\_

OFFICE ADDRESS AND PHONE NUMBER

\_\_\_\_\_

\_\_\_\_\_

TRIAL COUNSEL FOR PLAINTIFF NO. 3

\_\_\_\_\_

\_\_\_\_\_

**COUNSEL FOR DEFENDANT(S)**

1. \_\_\_\_\_

ATTORNEY OF RECORD FOR \_\_\_\_\_

OFFICE ADDRESS AND PHONE NUMBER

\_\_\_\_\_

\_\_\_\_\_

TRIAL COUNSEL FOR DEFENDANT NO. 1

\_\_\_\_\_

2. \_\_\_\_\_

ATTORNEY OF RECORD FOR \_\_\_\_\_

OFFICE ADDRESS AND PHONE NUMBER

\_\_\_\_\_

\_\_\_\_\_

TRIAL COUNSEL FOR DEFENDANT NO. 2

\_\_\_\_\_

3. \_\_\_\_\_

ATTORNEY OF RECORD FOR \_\_\_\_\_

OFFICE ADDRESS AND PHONE NUMBER

\_\_\_\_\_

\_\_\_\_\_

TRIAL COUNSEL FOR DEFENDANT NO. 3

\_\_\_\_\_

\_\_\_\_\_

**CONFERENCE NOTES BEGIN ON THE NEXT PAGE**

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

**SUMMARY SHEET<sup>2</sup>**

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

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

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

**(PLAINTIFF'S VERSION):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DEFENDANTS VERSION :** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

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

**SETTLEMENT CONFERENCE PROGRESS NOTES**

**DATE AND ACTION TAKEN:** \_\_\_\_\_  
**COUNSEL FOR PLAINTIFF:** \_\_\_\_\_

**DATE AND ACTION TAKEN:** \_\_\_\_\_  
**COUNSEL FOR PLAINTIFF:** \_\_\_\_\_

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**PROGRESS NOTES CONTINUED ON NEXT PAGE**

\_\_\_\_\_  
<sup>2</sup> HERE PROVIDE A SIMPLE AND SHORT SUMMARY ONLY. PROVIDE THE DETAILS ON PAGES 4 TO 9, INFRA.

SETTLEMENT CONFERENCE PROGRESS NOTES

DATE AND ACTION TAKEN: \_\_\_\_\_  
COUNSEL FOR PLAINTIFF; \_\_\_\_\_

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DATE AND ACTION TAKEN: \_\_\_\_\_  
COUNSEL FOR PLAINTIFF: \_\_\_\_\_

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DATE AND ACTION TAKEN: \_\_\_\_\_  
COUNSEL FOR PLAINTIFF; \_\_\_\_\_

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DATE AND ACTION TAKEN: \_\_\_\_\_  
COUNSEL FOR PLAINTIFF: \_\_\_\_\_

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DATE AND ACTION TAKEN: \_\_\_\_\_  
COUNSEL FOR PLAINTIFF; \_\_\_\_\_

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DATE AND ACTION TAKEN: \_\_\_\_\_  
COUNSEL FOR PLAINTIFF: \_\_\_\_\_

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DATE AND ACTION TAKEN: \_\_\_\_\_  
COUNSEL FOR PLAINTIFF; \_\_\_\_\_

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DATE AND ACTION TAKEN: \_\_\_\_\_  
COUNSEL FOR PLAINTIFF: \_\_\_\_\_

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DATE AND ACTION TAKEN: \_\_\_\_\_  
COUNSEL FOR PLAINTIFF; \_\_\_\_\_

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DATE AND ACTION TAKEN: \_\_\_\_\_  
COUNSEL FOR PLAINTIFF: \_\_\_\_\_

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DATE AND ACTION TAKEN: \_\_\_\_\_  
COUNSEL FOR PLAINTIFF; \_\_\_\_\_

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DATE AND ACTION TAKEN: \_\_\_\_\_  
COUNSEL FOR PLAINTIFF: \_\_\_\_\_

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DATE AND ACTION TAKEN: \_\_\_\_\_  
COUNSEL FOR PLAINTIFF; \_\_\_\_\_

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DATE AND ACTION TAKEN: \_\_\_\_\_  
COUNSEL FOR PLAINTIFF: \_\_\_\_\_

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**INFORMATION REGARDING THE INCIDENT<sup>3</sup>**

**OCCURRENCE:**

DATE: \_\_\_\_\_; TIME: \_\_\_\_\_; WEATHER \_\_\_\_\_

LOCATION: \_\_\_\_\_

LIGHTING AND OTHER FACTORS: \_\_\_\_\_

**BRIEF DESCRIPTION OF INCIDENT: (PROVIDE PLAINTIFF'S AND DEFENDANT'S VERSION)**

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

AMBULANCE AT SCENE?;  POLICE AT SCENE? ;  OTHER

**IDENTIFY ALL PERSONS, DEPARTMENTS AND/OR AGENCIES THAT INVESTIGATED THE INCIDENT; AND STATE WHETHER REPORTS HAVE BEEN PREPARED AND FILED:**

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

**WITNESSES: (PROVIDE NAME OF EACH WITNESS AND SYNOPSIS OF WITNESSES STATEMENT)**

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

WRITTEN STATEMENT OBTAINED?;  EBT OF WITNESS CONDUCTED?

**IDENTIFY ALL DISPUTED LEGAL AND FACTUAL ISSUES AND DISPUTES.**

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

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<sup>3</sup> All information requested herein is confidential and provides the Court with the ability to make a fair evaluation of the settlement value of the case. It is not the intention of the Court to compromise counsel's trial strategy, and counsel is free to decline to provide any and all of other information requested. It is the Court's experience that whenever each side is candid about the strengths and weaknesses of their respective positions, a fair and early settlement is usually achieved. In addition, reliance upon the assumed lack of preparedness of your adversary is usually an illusion that pays no dividends. In any event, your failure to be prepared and/or failure to provide the court with all essential information and documentation, will result in a failed negotiation and a delayed trial ! Please help the Court to help you settle this case in an expeditious fashion.

**PLAINTIFF'S PERSONAL INFORMATION**<sup>4</sup>

**NAME:** \_\_\_\_\_ ; **DOB** \_\_\_\_\_ ; **MARITAL STATUS:** \_\_\_\_\_

**OCCUPATION AND SALARY:** ( BOTH AT THE TIME OF INCIDENT AND AT PRESENT)

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**IDENTIFICATION OF EMPLOYER(S):** \_\_\_\_\_

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**TIME LOST FROM WORK; AND THE PERIODS THEREOF:** \_\_\_\_\_

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**TOTAL AMOUNT CLAIMED FOR LOST EARNINGS:** \_\_\_\_\_

**PAST AMOUNT:**     \$ \_\_\_\_\_     **PERIOD: (FROM)** \_\_\_\_\_ **(TO)** \_\_\_\_\_

**FUTURE AMOUNT:** \$ \_\_\_\_\_     **PERIOD: (FROM)** \_\_\_\_\_ **(TO)** \_\_\_\_\_

**DESCRIBE ALL LIENS AND/OR COLLATERAL SOURCES:**

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**OTHER RELEVANT FACTORS:**

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<sup>4</sup> SEPARATE SHEETS MUST BE PROVIDED FOR EACH PLAINTIFF.

**MEDICAL ISSUES**

**DESCRIPTION, NATURE AND EXTENT OF INJURIES:**

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**AMBULANCE:**      YES       NO       \_\_\_\_\_

**HOSPITAL:**      YES       NO       \_\_\_\_\_

**SURGERY:**      YES       NO       \_\_\_\_\_

**DATE, PLACE AND NATURE OF EACH SURGERY:**

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**FIRST MEDICAL TREATMENT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**1. IDENTIFY HOSPITAL AND/OR MEDICAL PROVIDER:** \_\_\_\_\_

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**2. DESCRIBE TREATMENT RENDERED:** \_\_\_\_\_

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**LAST MEDICAL TREATMENT AND REPORT:** \_\_\_\_\_

**DATE** \_\_\_\_\_

**1. IDENTIFY HOSPITAL AND/OR MEDICAL PROVIDER:** \_\_\_\_\_

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**2. DESCRIBE TREATMENT, COMPLAINTS, FINDINGS AND PROGNOSIS:**

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**PRESENT MEDICAL COMPLAINTS AND CONDITIONS:** \_\_\_\_\_

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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	_____

SEE NEXT PAGE FOR ADDITIONAL DOCUMENTS REQUIRED FOR SPECIFIC TORT ALLEGED

**REQUIRED DOCUMENTS CONTINUED<sup>5</sup>**

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

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<sup>5</sup> PROVIDE A SUPPLEMENTAL SHEET FOR ALL OTHER RELEVANT DOCUMENTS.