OFFICE OF THE EXECUTIVE SECRETARY SETTLEMENT CONFERENCE REPORT FORM

Settlement Judge:	Referring Court:				
Case Style:					
Date Case Filed:	Date Case Referred to Settlement Conference:				
Date of Settlement	Conference:				
Location of Settlem	ent Conference: C	ity/Town			
Courthouse	Lawyer's	Office	Other		
Length of Settlemen	nt Conference:	Hours	Time Spent Pre	paring for Confe	erence: Hours
Counsel Present?	Defendant	Yes No	Plaintiff	Yes No	
Settlement Conferen	nce Ended with Ag	reement on:	All So	ome None	of the Issues
Settlement Reached After Conference but Before Trial? Yes No					
Conference Cancelled Due to Case Settlement? Yes No					
Case Type: (Please be as specific as possible. Use Miscellaneous only if no other category can apply)					
Tort/Personal Inju	ry: Assault	Auto Acc	ident Frau	d Medic	al Malpractice
Product Liabilit	y Slip Fall	Libel Defar	nation Oth	er PI Type:	
Domestic Relations	s: Divorce	Other Dome	stic Type:		
Commercial:	Debt Constr	uction (Contract La	andlord/Tenant	Condemnation
Real Estate	Other Commerc	ial Type:			
Miscellaneous:	Probate Adul	t Guardianship	Other Misc.	Type:	
Comments:					

Please return this form with your voucher for payment to: Dispute Resolution Services, 100 North 9th Street, Richmond, Virginia 23219