

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF CALIFORNIA**

In re:)	
)	
)	Bankruptcy Case No.
)	
_____ Debtor(s).)	
)	
)	
)	
vs.)	Plaintiff(s), Adversary Proceeding No.
)	
)	
)	
_____ Defendant(s).)	

REPORT OF BDRP CONFERENCE

I, _____, Resolution Advocate for the Bankruptcy Dispute Resolution Program (BDRP), state:

1. A BDRP conference was held on _____ at _____ (attach attendance form(s)).

Continued Date (if applicable):

_____ at _____

2. The Rules governing the conference were _____ were not _____ complied with. If not, how? _____.

3. A settlement of this matter was _____ was not _____ reached.

4. If a settlement/resolution was reached, _____ (plaintiff/defendant/other) prepared the written stipulation for settlement.

5. Prior to the preparation of a final written agreement, the parties choose to put the agreement on the court record.

Yes _____ No _____

6. I spent _____ hours in preparing for and scheduling the conference(s).

7. I spent _____ hours attending the conference(s).

8. The dispute resolution procedure utilized was: (Check as many as applicable. If more than one is applicable, give the appropriate percentage of time spent on each.)

Early Neutral Evaluation _____

Settlement Negotiation _____

Mediation _____

9. Comments/Suggestions: _____

Dated: _____ Resolution Advocate

(Type or Print Name)

BDRP SESSION ATTENDANCE FORM

Case Name: _____

Case No.: _____

Adversary Proceeding Name: _____

Adversary Proceeding No.: _____

Date of Session: _____

Resolution Advocate: _____

Instructions: Please have **all attorneys and client representatives** who attend the conference(s) provide the following information. The purpose of this information is to facilitate survey research of the value of the BDRP.

ATTORNEYS

Name: _____ Name: _____

Firm Name: _____ Firm Name: _____

Address: _____ Address: _____

Phone: () _____ Phone: () _____

Attorney for: _____ Attorney for: _____

Name: _____ Name: _____

Firm Name: _____ Firm Name: _____

Address: _____ Address: _____

Phone: () _____ Phone: () _____

Attorney for: _____ Attorney for: _____

CLIENT REPRESENTATIVES

Name: _____ Name: _____

Title: _____ Title: _____

Organization: _____ Organization: _____

Address: _____ Address: _____

Phone: () _____ Phone: () _____

Party Representing: _____ Party Representing: _____

Name: _____ Name: _____

Title: _____ Title: _____

Organization: _____ Organization: _____

Address: _____ Address: _____

Phone: () _____ Phone: () _____

Party Representing: _____ Party Representing: _____