**IN THE UNITED STATES BANKRUPTCY COURT**

**FOR THE DISTRICT OF MARYLAND**

**at** Choose an item.

|  |  |
| --- | --- |
| **In re:** **,** **Debtor.** | **Case Number:** **Chapter**  |
|  **,** **Plaintiff/Movant,****v.** **,** **Defendant/Respondent.** | **Adversary Number:** **(if appropriate)****(For submission to Clerk** **of Court; not for filing)** |

**RESOLUTION ADVOCATE’S REPORT TO BDRP ADMINISTRATOR**

I, , the resolution advocate assigned to mediate a dispute in this proceeding pursuant to the Court’s Bankruptcy Dispute Resolution Program (“BDRP”), state as follows:

1. I held a mediation conference on with the individuals identified on the attached attendance form.
2. The parties complied with the Local Bankruptcy Rules governing the mediation conference. [OR The parties did not comply with the Local Bankruptcy Rules governing the mediation conference but complied with all procedures established by me.]
3. A settlement of this matter [was / was not] reached. [If a settlement was reached, add: (plaintiff/defendant/other) prepared or will prepare a written stipulation or agreement setting forth the terms of the settlement. Prior to the preparation of a final written agreement, the parties chose [to put / not to put] the agreement on the record in a hearing before the Court.]
4. I spent hours in preparing for and scheduling the mediation conference.
5. I spent hours attending the mediation conference.
6. Comments/Suggestions:

Date:

Name of Resolution Advocate

Firm/Organization

Address

City, State Zip

Telephone Number

Email Address

Resolution Advocate

**BDRP SESSION ATTENDANCE FORM**

Case Name:

Case Number:

Adversary Proceeding Name:

Adversary Proceeding Number:

Date(s) of Mediation Conference:

**Instructions:** Please have **all attorneys and client representative**s who attend the mediation conference provide the following information. The purpose of this information is to facilitate the Court’s review 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:

Firm Name: Firm Name:

Address: Address:

Phone:( ) Phone: ( )

Party Representing: Party Representing:

Name: Name:

Firm Name: Firm Name:

Address: Address:

Phone:( ) Phone: ( )

Party Representing: Party Representing:

Name: Name:

Firm Name: Firm Name:

Address: Address:

Phone:( ) Phone: ( )

Party Representing: Party Representing: