

**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 representatives** 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: _____

Firm Name: _____

Address: _____

Phone:(_____) _____

Party Representing: _____

Name: _____

Firm Name: _____

Address: _____

Phone: (_____) _____

Party Representing: _____

Name: _____

Firm Name: _____

Address: _____

Phone:(_____) _____

Party Representing: _____

Name: _____

Firm Name: _____

Address: _____

Phone: (_____) _____

Party Representing: _____

Name: _____

Firm Name: _____

Address: _____

Phone:(_____) _____

Party Representing: _____

Name: _____

Firm Name: _____

Address: _____

Phone: (_____) _____

Party Representing: _____