

**IN THE UNITED STATES BANKRUPTCY COURT
DISTRICT OF MARYLAND
at _____**

IN RE:

*

Debtor(s)

*

Case No. _____

Chapter _____

*

*

Plaintiff(s)

*

vs.

Adversary 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)).

(If Applicable) Continued Date: _____ 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 chose 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).

Local Bankruptcy Form J-5

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: _____

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:_____