**IN THE UNITED STATES BANKRUPTCY COURT**

**FOR THE DISTRICT OF MARYLAND  
at** Choose an item.

|  |  |
| --- | --- |
| IN RE:  Debtor | Case No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Chapter \_\_\_\_\_\_\_ |
| Plaintiff  vs.  Defendant | Adversary No. \_\_\_\_\_\_\_\_\_\_\_ |

**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). (If Applicable) Continued Date: at

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

.

1. A settlement of this matter was was not reached.
2. If a settlement/resolution was reached, (plaintiff/defendant/other), prepared the written stipulation for settlement.
3. Prior to the preparation of a final written agreement, the parties chose to put the agreement on the court record. Yes No
4. I spent hours in preparing for and scheduling the conference(s).
5. I spent hours attending the conference(s).
6. 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 \_\_\_\_%

1. 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: Firm Name:

Name: Firm Name:

Address: Address:

Phone: ( ) Attorney for:

Phone: ( ) Attorney for:

Name: Firm Name:

Name: Firm Name:

Address: Address:

Phone: ( ) Attorney for:

Phone: ( ) Attorney for:

**CLIENT REPRESENTATIVES**

Name: Firm Name:

Name: Firm Name:

Address: Address:

Phone: ( ) Party Representing:

Phone: ( ) Party Representing:

Name: Firm Name:

Name: Firm Name:

Address: Address:

Phone: ( ) Party Representing:

Phone: ( ) Party Representing:

Name: Firm Name:

Name: Firm Name:

Address: Address:

Phone: ( ) Party Representing:

Phone: ( ) Party Representing: