

IN THE SUPREME COURT OF THE STATE OF OKLAHOMA

_____)	
_____)	
)	
Plaintiff/Appell _____,)	
vs.)	No. _____
_____)	
_____)	
)	
Defendant/Appell _____.)	

SETTLEMENT CONFERENCE STATEMENT

(This statement shall not exceed five pages. Include any information specified in the Order for Settlement Conference and not itemized on this form. Provide this statement to the settlement conference judge and each other party no later than five (5) days before the scheduled settlement conference.)

1. This statement is submitted by
_____,
(Appellant or Appellee) (Name)
2. Date of judgement or final order. (Appellant to enclose copy.)
3. Lower court, county, case number and judge.
4. Date petition in error was filed.
5. Related cases pending or closed in this Court; and outcome of each case decided (including previous appeals in same case).
6. Brief statement of facts.
7. Approximate dollar amount in controversy; if other than or in addition to money damages, the type(s) of relief sought from the lower court.
8. Lower court disposition being appealed.
9. As to each issue on appeal or cross-appeal, state your basis for relief or affirmation; and identify the applicable standard of review.
10. If the appeal will turn on an interpretation or application of a particular case or statute, cite the case or statute number.
11. Describe any previous settlement efforts; and current prospects for settlement.
12. Identify all persons who will attend the scheduled settlement conference on behalf of this party:

a. NAMED PARTY (INDIVIDUAL)

Name: _____

Address: [include email address if applicable]

Telephone (Home and Work): _____

Fax: _____

b. NAMED PARTY (CORPORATION OR PARTNERSHIP)

Company Name: _____

Address: _____

Telephone and Fax: _____

Representative - Name: _____

Title: _____

Address: [include email address if applicable]

Telephone (Home and Work): _____

Fax: _____

c. ATTORNEY

Name: _____

Address: [include email address if applicable]

Telephone and Fax: _____

d. INTERESTED NON-PARTY/INSURANCE COMPANY(IES)

Company Name: _____

Address: _____

Telephone and Fax: _____

Representative - Name: _____

Title: _____

Address: [include email address if applicable]

Telephone (Home and Work): _____

Fax: _____

e. OTHERS

Name: _____

Role at Settlement Conference: _____

Address: [include email address if applicable]

Telephone (Home and Work) and Fax: _____

13. Identify persons with full authority to settle on behalf of named party at the settlement conference.

Name: _____

Named-Party Affiliation: _____

Title: _____

Address: [include email address if applicable]

Telephone (Home and Work): _____

Fax: _____

DATE: _____

For Appell _____.

Name of Party

By: _____

Attorney Name

OBA No. _____

Address _____

[include email address if applicable]

Telephone _____

Fax _____

(Certificate of Mailing)