

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> TELEPHONE: FAX NO. <i>(Optional):</i> ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF BUTTE <input type="checkbox"/> Butte County Courthouse <input type="checkbox"/> North Butte County Courthouse One Court Street, Oroville, CA 95965 1775 Concord Avenue, Chico, CA 95928 (530) 532-7002 (530) 532-7002	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER:	
SETTLEMENT CONFERENCE STATEMENT	CASE NUMBER:

PARTIES MUST FILE AND SERVE THE SETTLEMENT CONFERENCE STATEMENT AT LEAST FIVE (5) COURT DAYS BEFORE THE SETTLEMENT CONFERENCE. YOU MAY USE THIS FORM OR WRITE THE INFORMATION ON YOUR OWN PAPER. SETTLEMENT CONFERENCE STATEMENTS MUST BE FIVE (5) PAGES OR LESS.

1. The name and title (or relationship to the case) of all people who will attend the settlement conference are as follows:

(NAME)	(TITLE)

More information attached to this form

2. People who are connected with this case or who, if present at the settlement conference, might improve the chance of settlement are:

(NAME)	(TITLE)
(NAME)	(TITLE)
(NAME)	(TITLE)

More information attached to this form

3. The important issues in this case are as follows:

More information attached to this form

4. I believe that the liability and damages in this case are as follows:

More information attached to this form

5. Narrowing or resolving these issues early would make it easier to settle this case:

More information attached to this form

6. Summary of the history of this case and any settlement discussions:

More information attached to this form

7. I have attached the following documents to help clarify the issues in dispute:

More information attached to this form

8. Other comments:

More information attached to this form

9. I have reviewed Local Rule 3.10

Date: _____

(PRINT NAME OF PARTY SUBMITTING THIS STATEMENT)



(SIGNATURE OF PARTY SUBMITTING THIS STATEMENT)