

**IN THE CIRCUIT COURT FOR WICOMICO COUNTY  
SETTLEMENT CONFERENCE STATEMENT**

Case Number:

Settlement Conference  
Date: /

Complete and return this form to:

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Vs.

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1. State the facts of the case; and if applicable the nature of any equitable relief being sought.
  
2. With respect to the liability, please complete the following:
  - A. The minimum and maximum potential judgment according to your evaluation:  
Minimum \$ \_\_\_\_\_ Maximum \$ \_\_\_\_\_
  - B. Does case involve an affirmative defense: If yes, what affirmative defense?
  
  - C. State any facts that will bar or diminish any recovery by the plaintiff.
  
3. Provide a concise statement of any other claims (cross-claims, counter-claims, or third-party claims) and respective defenses thereto:
  
4. If this is a personal injury or wrongful death action, each plaintiff shall complete the following:
  - A. Nature and extent of injuries and whether they are permanent.
  
  - B. Nature of any surgical procedures recommended, scheduled, or performed.

- C. Total medical expenses to date:
- D. Future medical expenses:
- E. Loss of earnings to date - Amount: \$ \_\_\_\_\_ For what period \_\_\_\_\_
- F. Future loss of earnings - Est. amount: \$ \_\_\_\_\_ For what period \_\_\_\_\_
- G. Other special damages (give nature and amount):

H. General damages (give nature and amount):

I. Punitive Damages:

- 5. If this is not a personal injury case, each plaintiff shall state the following with respect to each alleged item of damages:  
Identify each item of damage and state whether it is supported by documentary evidence (type and amount);
- 6. If you are a plaintiff in this action, state the terms of your demands in order to settle this matter:
- 7. If you are a defendant in this action, state the terms of your offer in order to settle this matter:
- 8. Describe the status of any previous settlement negotiations:

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Attorney

Attorney for \_\_\_\_\_