

Superior Court of California, County of Los Angeles

SETTLEMENT CONFERENCE PROGRAM INTAKE FORM

(Return via email to SSCMSC@lacourt.org)

Case Number: _____ Case Name: _____

Name of Referring IC/Complex/Writs Judge: _____ Department: _____

Date of Minute Order Ordering Parties to an MSC: _____

Joint Preferred MSC Dates (must offer 3 dates): _____, or _____, or _____

Unavailable Dates: _____, or _____, or _____

Preferred MSC Judge* (*optional*): (1) _____, (2) _____

**Please note that the assignment of a settlement judge is at the court's discretion and subject to availability.*

Plaintiff's Counsel Name	Telephone Number	Email Address
1.	() -	
2.	() -	
Defendant's Counsel Name		
1.	() -	
2.	() -	
Other Counsel		
1.	() -	
2.	() -	
Plaintiff's Causes of Action	Cross-Complaint's Causes of Action (if any)	
1.	1.	
2.	2.	
3.	3.	

Previous Mediation Date: _____ Previous MSC Date and Judge: _____

Trial Date: _____ Trial Time Estimate: _____

Remaining Discovery: _____ Remaining Law and Motion: _____

Plaintiff's Last Demand: _____ Defendant's Last Offer: _____

Brief Description of Case:

DO NOT WRITE BELOW THIS LINE. FOR SUPERIOR COURT USE ONLY

Date submitted: _____ Date processed: _____ Clerk: _____