

**UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF FLORIDA  
\_\_\_\_\_ DIVISION**

**Plaintiff(s),**

**v.**

**Case No.** \_\_\_\_\_

**Defendant(s).**  
\_\_\_\_\_ /

**MEDIATION REPORT**

In accordance with the Court's mediation order(s), a mediation conference was held on \_\_\_\_\_, 20\_\_\_\_\_, and the results of that conference are indicated below:

(a) The following individuals, parties, corporate representatives, and/or claims professionals attended and participated in the mediation conference, and each possessed the requisite settlement authority:

\_\_\_\_\_ All individual parties and their respective trial counsel.

\_\_\_\_\_ Designated corporate representatives.

\_\_\_\_\_ Required claims professionals.

(b) The following individuals, parties, corporate representatives, and/or claims professionals failed to appear and/or participate as ordered:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) The outcome of the mediation conference was:

\_\_\_\_\_ The case has been completely settled. In accordance with Local Rule 9.06(b), lead counsel will promptly notify the Court of settlement in accordance with Local Rule 3.08 by the filing of a settlement agreement signed by the parties and the mediator within ten (10) days of the mediation conference.

\_\_\_\_\_ The case has been partially resolved and lead counsel has been instructed to file a joint stipulation regarding those claims which have been resolved within ten (10) days. The following issues remain for this Court to resolve:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ The conference was continued with the consent of all parties and counsel. The mediation conference will be held on a date certain not later than ten (10) days prior to the scheduled trial date. Any continuance beyond that time must be approved by the presiding Judge. Mediation Reports will be filed after additional conferences are complete.

\_\_\_\_\_ The parties have reached an impasse.

Done this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in \_\_\_\_\_, Florida.

\_\_\_\_\_  
Signature of Mediator

\_\_\_\_\_  
Name of Mediator

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
Telephone Number

c: Counsel of Record and  
Unrepresented Parties