

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS

ALTERNATIVE DISPUTE RESOLUTION SUMMARY

1. Bankruptcy Case No.: _____
2. Date session(s) held: _____
3. Duration (i.e., half day, two days): _____
4. Your *total* fee? \$ _____
5. Outcome of ADR (select one):

<input type="checkbox"/> Parties did not use my services	<input type="checkbox"/> Settled in part as a result of ADR
<input type="checkbox"/> Settled as a result of ADR	<input type="checkbox"/> Parties were unable to reach settlement

6. Please list all persons in attendance (including party association):

Provider	

7. Please provide the names, addresses, and telephone numbers of counsel on the reverse of this form.

8. Provider Information:

Signature	Address
Date	City, State ZIP
Phone	Suite

Provider must file completed form in duplicate with the Bankruptcy Clerk.

Please provide the names, addresses, and telephone numbers of counsel in the space provided below.

Name

Firm Name

Address

City, State ZIP

Telephone

Name

Firm Name

Address

City, State ZIP

Telephone

Name

Firm Name

Address

City, State ZIP

Telephone

Name

Firm Name

Address

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