



Tax Court of New Jersey

Mandatory Settlement Conference Report

Instructions: File with the Tax Court Management Office not later than ten days after the date of the Mandatory Settlement Conference. **Failure to submit this form will result in an in-person conference with the assigned judge.**

Part A. CASE INFORMATION

- | | | |
|---------------------|--------|------|
| 1. Docket Number(s) | County | |
| 2. Case Title | | |
| 3. Block | Lot | Unit |

Part B. ATTORNEY INFORMATION

- | | |
|---|-----------------|
| 1. Plaintiff's designated trial counsel | Attorney E-mail |
| 2. Defendant's designated trial counsel | Attorney E-mail |

Part C. CASE MANAGEMENT INFORMATION

1. Who attended the conference?

2. When and where was the conference held?

3. What documents were exchanged pursuant to *R. 8:6-8*?

4. Has this case been settled as a result of the settlement conference? ☐ Yes ☐ No
If yes, do you intend to submit a stipulation of settlement or place the settlement on the record?
☐ Stipulation ☐ On the Record
5. Should this case continue on its current track? ☐ Yes ☐ No
(See *R. 8:6-7* for requirements regarding a request for a track reassignment.)

Part D. CASE ISSUES

1. If not settled, set forth the issues (check applicable issues). Attach a separate sheet if necessary.

- | | |
|---|---|
| ☐ Valuation | ☐ Discrimination (Chapter 123) |
| ☐ Challenge to Chapter 123 ratio | ☐ Other (specify) _____ |

2. Expert witnesses for Plaintiff

Expert witnesses for Defendant

Estimate number of days needed for trial _____

I certify that the above statements made by me are true. If any statements are willfully false, I am subject to punishment. I further certify that the standard form interrogatories (check one) ☐ have ☐ have not been served and answered by each party.

Date _____	Signature for Plaintiff _____	Attorney ID Number _____
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Date _____	Signature for Defendant _____	Attorney ID Number _____
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