Revised 07/01/22

 Effective 07/01/22

 **SF-5 STATUS UPDATE**

|  |
| --- |
| **Attorney — Client Communication Privileged, Confidential, and Exempt from Disclosure under applicable law. Contains material prepared by counsel and may include advice of counsel.** |

**STATUS UPDATE REPORT**

**Instructions:**

* This report is to be completed after the submission of the Six Month Case Assessment form whenever there is a significant change in counsel’s evaluation of liability and/or quantum, or when requested by the Adjuster, or by ORM.
* Contract Counsel shall submit the completed form to the Adjuster via Acuity, and electronically to the Section Chief, at the applicable email address listed below:
* LP/DOJ Staff Attorney shall submit the completed form electronically to the Adjuster and to the appropriate Section Chief electronically, at the applicable email address below; or, to the Regional Office Chief, if LP/DOJ attorney is housed in a Regional Office. The Regional Office Chief shall transmit the form to the Appropriate Section Chief over the subject matter electronically, to the applicable email listed below:

 CivilRightsSectionChief@ag.louisiana.gov

 GeneralLiabilitySectionChief@ag.louisiana.gov

 MedicalMalpracticeSectionChief@ag.louisiana.gov

 RoadHazardSectionChief@ag.louisiana.gov

TransportationSectionChief@ag.louisiana.gov

 WorkersCompSectionChief@ag.louisiana.gov



**High Exposure Case: \_\_\_\_\_Y \_\_\_\_\_N (As defined in Part IX of this Form)**

DATE OF THIS REPORT:

**TRIAL DATE:**

BENCH: JURY:

CAPTION OF CASE:

CLIENT:

JDC NUMBER AND PARISH: Suit Number: JUDGE:

ORM Number: ADJUSTER:

 TPA Number (if applicable):

MRP Number (if applicable):

BILLING ATTORNEY:

Telephone Number:

CONTRACT ATTORNEY:

 (If different from billing attorney)

I. SIGNIFICANT STEPS IN LITIGATION TAKEN SINCE LAST REPORT

1. DEPOSITIONS:

(List by name, whether fact or expert, short summary of significant testimony)

1. DISCOVERY:

Filed on Client’s Behalf

1. Preparation of Responses to Plaintiff and Co-Defendant’(s) Discovery Requests
2. Analysis of Responses received to Client’s Discovery Requests
3. Liens
	1. Medicare $

* 1. Medicaid $
	2. La. Office of

Group Benefits $

* 1. Other $
1. Experts

 a. Issues regarding experts

 b. Issues regarding expert opinions

5. Other

C. DISPOSITIVE MOTIONS:

(List all dispositive motions filed by any party and indicate basis for motion and, as applicable, basis for client’s opposition to same)

D. SIGNIFICANT DISCOVERY MOTIONS FILED OR DEFENDED:

E. HEARING ON MOTIONS:

 (Indicate Date and/or Outcome)

 F. STATUS CONFERENCE:

 (Date and Issues discussed)

1. PRETRIAL CONFERENCE:

(Date and Issues discussed)

H. STATUS (if applicable):

I. ORAL ARGUMENT:

 (Indicate Date and/or Outcome)

1. OTHER:
2. AMENDMENT/SUPPLEMENT TO PLEADINGS (ALL PARTIES):
3. AMENDMENT/SUPPLEMENT/UPDATE TO PLAN OF ACTION, IF ANY:

IV. DESCRIBE ANY CHANGE IN EVALUATION OF LIABILITY SINCE LAST REPORT AND REASONS THEREFOR:

1. DESCRIBE ANY CHANGE IN EVALUATION OF DAMAGES SINCE LAST REPORT AND REASONS THEREFOR:

VI. DESCRIBE ANY SIGNIFICANT EVENTS IN LITIGATION THAT ARE NOT INCLUDED IN PREVIOUS RESPONSES:

VII. DATE AND AMOUNT OF LAST SETTLEMENT OFFER & RESPONSE THERETO (include any updated recommendations regarding settlement):

VIII. IF THE ESTIMATES FOR ATTORNEY FEES AND EXPENSES PREVIOUSLY SUBMITTED ARE NO LONGER ACCURATE, PLEASE SUBMIT REVISED BUDGET:

A. FOR CONTRACT ATTORNEYS PLEASE SUBMIT REVISED BUDGET UTILIZING THE CONTRACT ATTORNEY BUDGET FORM (ATTACHMENT D, FORM SF-10):

B. FOR LP/DOJ STAFF ATTORNEYS PLEASE SUBMIT A REVISED BUDGET UTILIZING THE LP/DOJ STAFF ATTORNEY BUDGET SUMMARY FORM (ATTACHMENT D, FORM SF-4):

IX. MAXIMUM JUDGMENT VALUE $

 **N*ote:*** When evaluating this claim, you will need to determine whether this is a **High Exposure** **case**. A high exposure case is defined as a case where the plaintiff(s) potential recovery is in excess of one million ($1,000,000.00) dollars, **inclusive of** interest, costs, attorney’s fees and consideration of comparative fault.

X. DATE NEXT REPORT IS DUE:

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

 Signature