



RHODE ISLAND SUPREME COURT
APPELLATE MEDIATION PROGRAM

**MEDIATION ELIGIBILITY FORM
AND CONFIDENTIAL MEDIATION STATEMENT**

INSTRUCTIONS

This is a two-part, double-sided form. Part I determines the eligibility and appropriateness of your case for mediation. Part II applies to eligible cases only and contains confidential information about your case in order to assist the mediator in a resolution as well as an authorization to mediate.

1. Pursuant to Provisional Rule A as amended, all parties must complete this form and submit it to the Supreme Court Appellate Mediation Program within twenty (20) days of filing a Notice of Appeal. All parties must send an original and two copies of Part I to the Appellate Mediation Program and one copy to all opposing counsel.
2. If your case is not eligible for mediation pursuant to Provisional Rule A as amended, you need not complete Part II of this form. Send the original and two copies only of Part I to the Appellate Mediation Program and one copy to opposing counsel.
3. If your case is eligible for mediation, you are required to complete Part II of this form as well. While Part I of the attached form is to be shared with opposing counsel, Part II provides parties an opportunity to inform only the mediator of additional information that could lead to resolution. Candor and honesty are strongly encouraged.
 - a. Complete fully Part II (the confidential mediation statement) inclusive of the confidentiality and negotiation authorization section. Attach copies of the relevant orders, memoranda, and opinions from which this appeal has been taken. If you are the appellant(s) or cross-appellant(s), you are required to attach copies of the trial court's written decision(s) or order(s).
 - b. Send the original and two copies of the form to the Appellate Mediation Program at the address indicated. Retain a copy for yourself to bring to the mediation session when assigned. **Do NOT send a copy of Part II (the confidential mediation statement) to opposing counsel.**
4. If after submission of your statements, your case is deemed eligible and appropriate for mediation, the Appellate Mediation Program will send notice of the scheduled session to all parties. Please make every effort to have counsel and clients available on the assigned date and time. **MEDIATION SESSIONS ARE ONLY ALLOWED TO BE RESCHEDULED ONCE FOR GOOD CAUSE.** A request to reschedule must be made at least seven (7) days before the session.
5. To adequately prepare for mediation, counsel should become fully aware of his/her client's interests, goals, and needs and acquire appropriate authority to participate in the mediation conference and the potential settlement. Counsel should further educate his/her client regarding the mediation process and its possible outcomes. We strongly suggest that you refer to the Appellate Mediation Program's "Mediation Tip Sheets" for counsel and clients in preparation for your session.
6. If after submission of your statements, it is determined that your case is not eligible or not appropriate for mediation, the parties will be sent notification by the Appellate Mediation Program that the case has not been selected and the case shall proceed in accordance with the Supreme Court Rules of Appellate Procedure.

RHODE ISLAND SUPREME COURT APPELLATE MEDIATION PROGRAM
PART I. MEDIATION ELIGIBILITY FORM *Continued*

HISTORY OF SETTLEMENT NEGOTIATIONS, IF ANY (Please include a listing of all demands and counteroffers)

DESCRIPTION OF MONETARY, PHYSICAL INJURY, OR ANY OTHER DAMAGES UPON WHICH THE CLAIM FOR COMPENSATION OR EQUITABLE ACTION IS BASED

OUT-OF-POCKET EXPENSES, IF ANY, UPON WHICH THE CLAIM IS BASED

PLEASE LIST NAMES AND ADDRESSES OF ALL OTHER COUNSEL INVOLVED IN THIS MATTER AND THE PARTY THAT HE OR SHE REPRESENTS

ARE YOU COURT EXCUSED AT ANY TIME DURING THE NEXT 3 MONTHS, AND IF SO PLEASE INDICATE DATES?

SIGNATURE

DATE

*If this appeal fits any one of the listed ineligibility categories, you need not complete Part II of this form.

Send a copy of Part I to opposing counsel and the original and two copies to the Appellate Mediation Program, Rhode Island Supreme Court, 250 Benefit Street, Providence, Rhode Island 02903 Telephone: (401)222-8661.

If your case is eligible for mediation, please complete Part II.

RHODE ISLAND SUPREME COURT APPELLATE MEDIATION PROGRAM
PART II: CONFIDENTIAL MEDIATION STATEMENT AND AUTHORIZATION

FILL OUT PART II ONLY IF YOUR CASE IS ELIGIBLE FOR MEDIATION
This form is for the use of the mediator only – DO NOT SEND COPIES TO COUNSEL

CASE NAME:	TRIAL COURT CASE NUMBER:
NAME OF COUNSEL FILING STATEMENT FOR MEDIATION SESSION	COUNSEL FOR (NAME OF PARTY)
PLEASE DESCRIBE WHY PAST EFFORTS TO RESOLVE THIS DISPUTE HAVE BEEN UNSUCCESSFUL	
PLEASE LIST IMPORTANT FACTORS AFFECTING YOUR CLIENT’S CHANCES FOR SUCCESS ON APPEAL	
WHAT ARE YOUR CLIENT’S TOP PRIORITIES/INTERESTS IN ORDER OF IMPORTANCE?	
OUTSIDE OF WINNING ON APPEAL, WHAT WOULD BE SOME POSSIBLE SOLUTIONS TO THIS CASE?	
PLEASE PROVIDE A LIST OF POTENTIAL OR ACCEPTABLE OUTCOMES TO THE MEDIATION SESSION	
LOWEST ACCEPTABLE MONETARY SETTLEMENT VALUE	HIGHEST ACCEPTABLE MONETARY SETTLEMENT VALUE
ARE THERE ANY OTHER RELATED ISSUES OR RELEVANT INFORMATION THAT WOULD ASSIST THE MEDIATOR IN THE RESOLUTION OF THIS CASE?	

Attach a copy of the relevant order(s), memoranda, and opinions from which this appeal has been taken. If you are the appellant(s) or cross-appellant(s), you are required to attach a copy of the trial court’s written decision(s) or order(s).
Counsel may submit additional sheets as necessary to supplement this form.

Turn over ➡

CONFIDENTIALITY REQUIREMENT AND NEGOTIATION AUTHORIZATION

I hereby agree that any and all documents submitted and statements made in furtherance of mediation, including, but not limited to, the content of this mediation eligibility form, mediation statement and any attachments thereto, and any relevant memoranda or supporting documentation relied upon during the course of the mediation session by counsel, any party or the mediator shall remain confidential. My client(s) further agrees not to subpoena or otherwise subject the mediator, staff members, or records of the Appellate Mediation Program to any court proceedings, lawsuits or other legal actions related to the mediation process or its outcome.

My client(s) agree to participate in mediation, and I am authorized to participate and negotiate on behalf of my client(s) with full authority to make and/or accept offers. If I am not so authorized at the time of mediation, I will make arrangements to have my client(s) or authorized representative(s) available in person or by telephone at the time of the mediation session.

I understand, and my client(s) have been informed that if an agreement is not reached, the case will be returned to the normal appellate process pursuant to the Rhode Island Supreme Court Rules of Appellate Procedure. If an agreement is reached, the case will be withdrawn and appropriate documentation promptly filed with the court. Any agreement reached during mediation will have the full force and effect of a contract. I understand and my client(s) have been informed that failure to abide by the above requirements and/or Provisional Rule A may result in sanctions.

I certify that a copy of the foregoing confidential mediation statement was executed truthfully and accurately to the best of my knowledge and a copy provided to the Appellate Mediation Program, Rhode Island Supreme Court, 250 Benefit Street, Providence, Rhode Island 02903.

PRINT NAME: _____ Counsel for: _____
CASE NAME: _____ CASE NUMBER: _____
SIGNATURE: _____ DATE: _____

Do NOT send a copy of Part II to counsel.

Send this original form (and any attachments) and two complete copies to:

Appellate Mediation Program
Rhode Island Supreme Court
250 Benefit Street
Providence, Rhode Island 02903

Telephone: (401)222-8661
www.courts.ri.gov