



RHODE ISLAND SUPREME COURT APPELLATE MEDIATION PROGRAM

MEDIATION STATEMENT

INSTRUCTIONS

This is a two-part, double-sided form. Part I determines the appropriateness of your case for mediation. Part II 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 Supreme Court Rule 35, if a case is eligible for participation in the Supreme Court Appellate Mediation Program, a Notice of Eligibility will be sent to all parties. If a case is not eligible for mediation pursuant to Rule 35, parties will receive a notice of ineligibility and the case will proceed in accordance with the Supreme Court Rules of Appellate Procedure.
 - a. Eligible cases generally include all civil cases that have been appealed from a trial court.
 - b. Notwithstanding, the following case types are not eligible for participation in the program: (i) applications for post-conviction relief; (b) petitions for habeas corpus; (c) cases brought by prisoners in the custody of the Department of Corrections; (d) cases in which one (1) or more parties are not represented by an attorney (unless the case is specifically included at the direction of the Supreme Court or by order of a mediator justice); (e) appeals from the Family Court; (f) juvenile cases; (g) petitions for extraordinary relief, including all prerogative writs (except that prerogative writs brought originally in the Supreme Court may be assigned to the program by order of the Court at the time the writ is issued); and (h) all criminal cases (including cases on review from traffic tribunals of the state or municipalities and adjudications of offenses by municipal courts).
2. All parties to eligible cases will be required to complete this Mediation Statement within twenty (20) days from the date of the Notice of Eligibility. All parties must efile Part I to the Appellate Mediation Program and one copy to all opposing counsel.
3. If a case is eligible for mediation, parties are required to complete Part II of the Mediation Statement. 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. Fully complete 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. Efile the signed Mediation Statement and retain a copy 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 the Mediation Statement, it is determined that your case is not appropriate for mediation, the parties will be sent notification by the Appellate Mediation Program that the case has not been selected.
5. If after submission of your statements, your case is deemed 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.

6. 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.
7. **Please note that even if your case proceeds to mediation the Appellate Rules of Procedure are NOT suspended; only the time within which to order the transcript and transmit the record is extended.** Should you need additional time, it is recommended that you file a motion with the Court for an extension.

RHODE ISLAND SUPREME COURT APPELLATE MEDIATION PROGRAM

PART I: MEDIATION INFORMATION FORM

NAME OF CASE		TRIAL COURT CASE NUMBER	
NAME OF PERSON FILING THIS STATEMENT		DATE APPEAL FILED	
COUNSEL FOR (NAME OF PARTY)		FILING STATUS (Check all that apply) <input type="checkbox"/> PRO SE <input type="checkbox"/> APPELLANT <input type="checkbox"/> CROSS-APPELLANT <input type="checkbox"/> APPELLEE <input type="checkbox"/> CROSS-APPELLEE <input type="checkbox"/> OTHER: _____	
ADDRESS			
TEL	FAX	EMAIL	RI BAR #
CASE TYPE: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Agency Appeal <input type="checkbox"/> Business Organization <input type="checkbox"/> Contract </div> <div style="width: 50%;"> <input type="checkbox"/> Employment <input type="checkbox"/> Personal Injury <input type="checkbox"/> Personal Property <input type="checkbox"/> Will </div> <div style="width: 50%;"> <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Other Civil Action <input type="checkbox"/> Other Probate Appeal <input type="checkbox"/> Other _____ </div> </div>			
<p align="center">INDICATE IF THIS APPEAL INVOLVES ANY OF THE FOLLOWING: (Please check all that apply.)</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Application for post-conviction relief <input type="checkbox"/> Petition for habeas corpus <input type="checkbox"/> Case brought by a prisoner in the custody of the Department of Corrections <input type="checkbox"/> Criminal case (including cases on review from municipal court or traffic court) <input type="checkbox"/> Petition for extraordinary relief (including prerogative writs) </div> <div style="width: 50%;"> <input type="checkbox"/> Juvenile case <input type="checkbox"/> Appeal from Family Court <input type="checkbox"/> Pro se representation <input type="checkbox"/> Not a trial court appeal </div> </div>			
<p align="center">DOES THIS APPEAL INVOLVE ANY OF THE FOLLOWING?</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Final judgment has not been entered <input type="checkbox"/> State or federal constitutional interpretation <input type="checkbox"/> Validity of state statute, ordinance or agency requirement <input type="checkbox"/> Motions to intervene (if known) <input type="checkbox"/> Issue of first impression </div> <div style="width: 50%;"> <input type="checkbox"/> Multiple parties <input type="checkbox"/> Inconsistency in decisions of Supreme Court <input type="checkbox"/> Motions to file amicus briefs (if known) <input type="checkbox"/> Motion(s) to stay appeal pending resolution of related case <input type="checkbox"/> Other procedural complexity: _____ </div> </div>			
<p align="center">HAS THIS CASE OR A RELATED CASE BEEN BEFORE THE SUPREME COURT PREVIOUSLY?</p> <input type="checkbox"/> NO <input type="checkbox"/> YES, CASE NAME AND NO. _____			
<p align="center">STATE ANY OTHER FACTORS AFFECTING THE APPROPRIATENESS OF THIS CASE FOR MEDIATION</p>			
PLEASE DESCRIBE THE UNDERLYING FACTS THAT GAVE RISE TO THE INITIAL DISPUTE			
DESCRIPTION OF PHYSICAL INJURY, MONETARY, 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			

Turn over ➡

RHODE ISLAND SUPREME COURT APPELLATE MEDIATION PROGRAM

PART I. MEDIATION INFORMATION FORM *Continued*

BRIEFLY DESCRIBE THE JUDGMENT/RULING APPEALED:

MAJOR POINTS OF ERROR OR ISSUES THAT ARE THE FOCUS OF THE APPEAL:

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

PLEASE LIST NAMES AND ADDRESSES OF ALL OTHER COUNSEL INVOLVED IN THIS MATTER

PARTY REPRESENTED

ARE YOU COURT EXCUSED AT ANY TIME DURING THE NEXT 3 MONTHS ?

☐ NO

☐ YES, ON THE FOLLOWING DATES:_____

SIGNATURE

DATE

E-serve a copy of Part I to opposing counsel and efile into the Appellate Mediation Program on File and Serve.

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

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 THIS STATEMENT	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	
<i>OTHER THAN WINNING ON APPEAL</i> , WHAT ARE YOUR CLIENT'S TOP PRIORITIES AND INTERESTS?	
<i>OTHER THAN WINNING ON APPEAL</i> , WHAT WOULD BE SOME POSSIBLE CREATIVE SOLUTIONS TO THIS CASE?	
PLEASE PROVIDE A LIST OF POTENTIAL OR ACCEPTABLE OUTCOMES TO THE MEDIATION SESSION	
ARE THERE ANY OTHER RELATED ISSUES OR RELEVANT INFORMATION THAT WOULD ASSIST THE MEDIATOR IN HELPING TO RESOLVE THIS CASE?	
LOWEST ACCEPTABLE MONETARY SETTLEMENT VALUE	HIGHEST ACCEPTABLE MONETARY SETTLEMENT VALUE

Attach a copy of the relevant order(s), memoranda, and opinions from which this appeal has been taken to assist in the mediator's understanding of this matter. 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 information 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 agree(s) 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, even if this case proceeds to mediation, it is subject to all applicable time limitations and requirements as set forth in the Rhode Island Supreme Court Rules of Appellate Procedure, absent an Order from the Court. 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 Rule 35 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.

PRINT NAME:	COUNSEL FOR:
CASE NAME:	CASE NUMBER:
SIGNATURE:	DATE:

Do NOT send a copy of Part II to counsel.

Efile this original form (and any attachments) into File and Serve.

Email: AMP@courts.ri.gov

Telephone: (401) 222-8661

www.courts.ri.gov