Superior Court

2026 Mediation Submission Form

Settlement Week - December 7, 8, and 9, 2026 at the Licht Judicial Complex

☐ Providence/Bristol County ☐ Kent County ☐ Washington County ☐ Newport County

Plaintiff(s) (Name each plaintiff individually)	Civil Action Number
Defendant(s) (Name each plaintiff individually)	
Third Party Defendant(s) (Name each individually)	

This form must be electronically filed (Select "Mediation Submission Form" Code) by November 2, 2026.

A one-page case summary must be electronically filed (Select "Mediation Summary" Code) by each party prior to November 10, 2026.

Please answer the following questions regarding your case:

Has the matter been the subject of prior alternative dispute resolution efforts? ☐ Yes ☐ No ☐ Arbitration

☐ Other _____ If Yes, when? _____

Have appearances been entered for all parties? ☐ Yes ☐ No

Does the case contain any claim for declaratory judgment or equitable relief? ☐ Yes ☐ No

Is there a lien holder? ☐ Yes ☐ No

Is there an insurer involved? ☐ Yes ☐ No

If Yes, please provide insurance company, contact name, and telephone number: _____

_____

Please check the appropriate case type:

☐ Book Account	☐ Landlord/Tenant	☐ Personal Injury	☐ Tax Appeal
☐ Commercial	☐ Malpractice, Accounting	☐ Police Brutality	☐ Theft and Loss
☐ Contract	☐ Malpractice, Legal	☐ Products Liability	☐ Wills and Trusts
☐ Discrimination	☐ Malpractice, Medical	☐ Property	☐ Wrongful Arrest
☐ Dog Bite	☐ Motor Vehicle/Personal Injury	☐ Slip and Fall	☐ Other _____

I hereby certify that I agree to mediation and that discovery has sufficiently concluded so that a meaningful mediation session may occur.

_____ Plaintiff's Attorney (Signature)

Plaintiff's Name: _____
Attorney's Name: _____
Rhode Island Bar Number: _____
Law Firm: _____
Email: _____
Telephone: _____
Facsimile: _____

_____ Defendant's Attorney (Signature)

Defendant's Name: _____
Attorney's Name: _____
Rhode Island Bar Number: _____
Law Firm: _____
Email: _____
Telephone: _____
Facsimile: _____

Every attorney involved in this case must agree to mediation and sign this form.

Attach additional forms if necessary, complete all contact information. Electronic signatures are acceptable.

The Arbitration Office (401) 222-6147 coordinates the Settlement Week Program.