



## SUPERIOR COURT

### 2019 MEDIATION SUBMISSION FORM

**SETTLEMENT WEEK - DECEMBER 9, 10, and 11, 2019 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 THE "MEDIATION SUBMISSION FORM" CODE) BY OCTOBER 31, 2019**

**A ONE-PAGE CASE SUMMARY MUST BE ELECTRONICALLY FILED (SELECT THE "MEDIATION SUMMARY" CODE) BY EACH PARTY PRIOR TO NOVEMBER 8, 2019.**

**Please answer the following questions regarding your case:**

Is this case assigned to the trial calendar?     Yes     No

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

Have appearances been entered for all parties?     Yes     No

Is there a lien holder?     Yes     No

Is there an insurer involved?     Yes     No

If Yes, **Insurance Company Name**, Address, and Telephone: \_\_\_\_\_

**Please check the appropriate case type:**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Book Account   | <input type="checkbox"/> Landlord/Tenant               | <input type="checkbox"/> Personal Injury    | <input type="checkbox"/> Tax Appeal       |
| <input type="checkbox"/> Commercial     | <input type="checkbox"/> Malpractice, Accounting       | <input type="checkbox"/> Police Brutality   | <input type="checkbox"/> Theft and Loss   |
| <input type="checkbox"/> Contract       | <input type="checkbox"/> Malpractice, Legal            | <input type="checkbox"/> Products Liability | <input type="checkbox"/> Wills and Trusts |
| <input type="checkbox"/> Discrimination | <input type="checkbox"/> Malpractice, Medical          | <input type="checkbox"/> Property           | <input type="checkbox"/> Wrongful Arrest  |
| <input type="checkbox"/> Dog Bite       | <input type="checkbox"/> Motor Vehicle/Personal Injury | <input type="checkbox"/> Slip and Fall      | <input type="checkbox"/> Other _____      |

**I 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: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Facsimile: \_\_\_\_\_

\_\_\_\_\_  
Defendant's Attorney (Signature)

Defendant's Name: \_\_\_\_\_  
Attorney's Name: \_\_\_\_\_  
Rhode Island Bar Number: \_\_\_\_\_  
Law Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Facsimile: \_\_\_\_\_

**EVERY ATTORNEY INVOLVED IN THIS CASE MUST PERSONALLY SIGN THIS FORM. ATTACH ADDITIONAL FORMS IF NECESSARY.** The Superior Court Arbitration Office (401) 222-6147 coordinates the Settlement Week Program.