



SUPERIOR COURT

2016 MEDIATION SUBMISSION FORM

SETTLEMENT WEEK - DECEMBER 12, 13, and 14, 2016 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 SUBMITTED TO THE ARBITRATION OFFICE BY OCTOBER 14, 2016

A ONE-PAGE CASE SUMMARY MUST BE SUBMITTED TO THE SUPERIOR COURT ARBITRATION OFFICE BY EACH PARTY PRIOR TO NOVEMBER 10, 2016.

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)

Defendant's Attorney (Signature)

Plaintiff's Name: _____

Defendant's Name: _____

Attorney's Name: _____

Attorney's Name: _____

Rhode Island Bar Number: _____

Rhode Island Bar Number: _____

Law Firm: _____

Law Firm: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Facsimile: _____

Facsimile: _____

EVERY ATTORNEY INVOLVED IN THIS CASE MUST PERSONALLY SIGN THIS FORM.

ATTACH ADDITIONAL FORMS IF NECESSARY.