

**RHODE ISLAND WORKERS' COMPENSATION COURT  
CONFIDENTIAL MEDIATION STATEMENT**

**SUBMIT TO MEDIATION COORDINATOR ONLY – DO NOT SEND COPIES TO COUNSEL**

<b>CASE NAME:</b>	<b>W.C.C. CASE NUMBER:</b>
<b>NAME OF COUNSEL FILING THIS STATEMENT</b>	<b>COUNSEL FOR (NAME OF PARTY)</b>
PLEASE DESCRIBE WHY PAST EFFORTS TO RESOLVE THIS DISPUTE HAVE BEEN UNSUCCESSFUL	
PLEASE LIST IMPORTANT FACTORS AFFECTING YOUR CLIENT'S CHANCES FOR SUCCESS AT TRIAL	
WHAT ARE YOUR CLIENT'S TOP PRIORITIES AND INTERESTS (OTHER THAN SUCCEEDING AT TRIAL)?	
<i>OTHER THAN WINNING</i> AT TRIAL, 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?	

Attach no more than a five page statement outlining your client's position in this case. Specifically set forth the medical opinions that your client is relying on as well as a summary of the lay witness testimony to be heard or that was heard at trial.