



Superior Court  
**Arbitration Division**  
Licht Judicial Complex

250 Benefit Street  
Providence, Rhode Island 02903  
(401) 222-6147  
Fax: (401) 222-1337

August 2019

Counselors:

The Superior Court will conduct Settlement Week in the Frank Licht Judicial Complex during the week of December 9, 2019 from Monday through Wednesday.

Only those cases in which clients' availability and willingness to negotiate have been confirmed will be mediated. Clients and those with settlement authority **must be present**. Lien holders must be informed by counsel of the mediation session and should be present or available by telephone for purposes of negotiation.

The Mediation Submission Form **must be signed by counsel for all active parties involved** with a case. A one-page case summary should accompany each Submission Form. Submission Forms **must be electronically filed** no later than October 31, 2019; please use the code "Mediation Submission Form" (or "Mediation Summary") when filing and indicate in the comment box if you are filing for the Plaintiff or Defendant. Further, when filing a Mediation Submission Form please insure that **all** opposing counsel have agreed to participate **and** have been certified. It is imperative that the proper codes be used when filing electronically.

Cases that are not properly submitted will not be scheduled for mediation. Should you have any questions please contact Mary Smith in the Arbitration Office at 222-6147.

Very truly yours,

/s/ Alice B. Gibney

Alice B. Gibney  
Presiding Justice



## 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.