

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

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

CASE NAME:		W.C.C. CASE NUMBER:
NAME OF COUNSEL FILING THIS STATEMENT		COUNSEL FOR (NAME OF PARTY)
COMPENSATION RATE	LATEST DEMAND	LATEST OFFER
WEEKS REMAING TO THE GATE (IF APPLICABLE)	WILL AN MSA BE NEEDED?	IF SO, HAS THE MSA BEEN COMPLETED?
PLEASE DESCRIBE WHY PAST EFFORTS TO RESOLVE THIS DISPUTE HAVE BEEN UNSUCCESSFUL.		IS THERE A FAMILY COURT LIEN? IF SO, STATE AMOUNT.
PLEASE LIST IMPORTANT FACTORS AFFECTING YOUR CLIENT'S CHANCES FOR SUCCESS AT TRIAL.		
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.