



STATE OF RHODE ISLAND JUDICIARY

SUPERIOR COURT

COVID-19 MEDIATION SUBMISSION FORM

Table with 2 columns: Plaintiff(s) (Name each plaintiff individually), Defendant(s) (Name each plaintiff individually), Third Party Defendant(s) (Name each individually), and Civil Action Number.

A ONE-PAGE CASE SUMMARY MUST ACCOMPANY THIS FORM AND EMAILED TO BOTH Courtroom4@courts.ri.gov and MSmith@courts.ri.gov

Please answer the following questions regarding your case:

Format for hearing (please check all amenable options):

- checkbox In-person, all parties present checkbox In-person, attorney present, parties remote checkbox Remote hearing

Have appearances been entered for all parties? checkbox Yes checkbox No

Has the matter been assigned for trial? checkbox Yes checkbox No If yes, when? _____

Has the matter been accelerated? checkbox Yes checkbox No

Has the matter been the subject of prior alternative dispute resolution efforts? checkbox Yes checkbox No If yes, when? _____

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

Is there a lien holder? checkbox Yes checkbox No

Is there an insurer involved? checkbox Yes checkbox No

If yes, please provide insurance company, contact name, and telephone number: _____

Please check the appropriate case type:

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

I certify that I agree to mediation and that discovery has sufficiently concluded so that a meaningful mediation session may occur.

Attorney for the Plaintiff (Signature) Plaintiff's Name: _____ Attorney's Name: _____ Rhode Island Bar Number: _____ Law Firm: _____ Email: _____ Telephone: _____

Attorney for the Defendant (Signature) Defendant's Name: _____ Attorney's Name: _____ Rhode Island Bar Number: _____ Law Firm: _____ Email: _____ Telephone: _____