



STATE OF RHODE ISLAND
SUPERIOR COURT
2021 MEDIATION SUBMISSION FORM

SETTLEMENT WEEK - DECEMBER 13, 14, and 15, 2021 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 "MEDIATION SUBMISSION FORM" CODE) BY NOVEMBER 1, 2021.

A ONE-PAGE CASE SUMMARY MUST BE ELECTRONICALLY FILED (SELECT "MEDIATION SUMMARY" CODE) BY EACH PARTY PRIOR TO NOVEMBER 10, 2021.

Please answer the following questions regarding your case:

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

Have appearances been entered for all parties? Yes No

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

Is there a lien holder? Yes No

Is there an insurer involved? Yes No

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

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 hereby 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: _____
Email: _____	Email: _____
Telephone: _____	Telephone: _____
Facsimile: _____	Facsimile: _____

EVERY ATTORNEY INVOLVED IN THIS MUST AGREE TO MEDIATION AND SIGN THIS FORM. ATTACH ADDITIONAL FORMS IF NECESSARY, ELECTRONIC SIGNATURES ACCEPTABLE. The Superior Court Arbitration Office (401) 222-6147 coordinates the Settlement Week Program.