

ATTACHMENT B

**Superior Court of the District of Columbia
Multi-Door Dispute Resolution Division**

**Confidential Pre-Mediation Questionnaire
(Probate Mediation Program)**

Mediation Date: _____ Case Number: _____

Case Caption and/or Name of the Older Person:

Check Case Type: ___ Intervention ___ IDD

Submitted by:

Attorney or Pro Se Party (If Pro Se, please identify your relationship to the older person)

Firm

Address

Telephone Number and E-mail Address

If you are an attorney, the filing of one settlement statement will suffice for all of the parties that you represent in this matter. Please list below the names of **all** parties you represent.
