## Superior Court of the District of Columbia MULTI-DOOR MEDICAL MALPRACTICE EARLY MEDIATION FORM

To be used in selecting a mediator from the Multi-Door Medical Malpractice Mediator Roster and scheduling a mediation date through the Multi-Door Dispute Resolution Division.

Case Number

Case Caption \_\_\_\_\_

Undersigned counsel, as well as individual parties, representatives of non-individual parties with settlement authority, and involved insurance companies with the required settlement authority, have agreed to be available for mediation on the three dates listed below, from 1:00 pm to 5:00 pm. All listed dates occur after the Initial Scheduling and Settlement Conference and within 30 days of that date, as required under D.C. Code §16-2821.

Date

Date

Date

Parties have reviewed the Multi-Door Medical Malpractice Mediation Roster and have agreed on the following mediators, listed below in order of preference:

First Mediator

Second Mediator

Third Mediator

Submitted by:

	Signature	Date
Atty. for:		E-mail address:
		(or telephone number, if no e-mail address)
	Signature	Date
Atty. for:	0	E-mail address:
		(or telephone number, if no e-mail address)
Atty. for:	Signature	Date
		E-mail address:
		(or telephone number, if no e-mail address)

The completed form must be filed with the court and e-mailed to: <u>earlymedmal@dcsc.gov</u>. Those unable to eFile may file the form with the Civil Clerk's Office and deliver a copy to the Multi-Door Dispute Resolution Division, 515 5<sup>th</sup> St. NW, Suite 105, Washington, DC 20001.

Multi-Door will notify counsel or *pro se* parties promptly, by e-mail, when the mediation date has been set.