SUPERIOR COURT OF THE DISTRICT OF COLUMBIA MULTI-DOOR DIVISION

MEDICAL MALPRACTICE CONFIDENTIAL MEDIATION STATEMENT

Parties to medical malpractice litigation are required, under D.C. Code §16-2825, to file this Confidential Mediation Statement (CMS) with the Multi-Door Dispute Resolution Division (202-879-1557). The statement must be filed no later than ten days prior to the scheduled mediation session. *Parties and counsel are cautioned that sanctions may be imposed on those who do not file the statement by the due date.*

You may submit the form in one of three ways: by e-mail, regular mail, or hand-delivery. To submit the form by e-mail, send it to: <u>CivilCSS@dcsc.gov</u>. The form should be titled by the case number. Do not send any other information or inquiries to this e-mail address. It may only be used to receive completed CSS forms.

The form may be mailed or delivered to: Multi-Door Dispute Resolution Division, 410 E Street, NW, Suite 2900, Washington, D.C. 20001. Hand-delivery must occur between the hours of 8:30 am and 5:00 pm. *There is no after-hours filing box for CMS forms*. Do not deliver CMS forms to the Civil Division or any after-hours filing box. Proper filing with the Multi-Door Division will ensure that the CMS remains confidential and is not filed in the Court's case jacket nor shown to anyone other than the mediator or case evaluator assigned to the case. **Do not send a copy of the statement to opposing counsel or attach a certificate of service.**

Please be candid in your responses; this information is important to the mediation or case evaluation process. Responses need not be confined within the spaces provided. You are encouraged to attach additional pages or expand as much as needed.

If the case has been settled, a settlement practipe must be filed in the Civil Clerk's Office with a copy sent to the Multi-Door Dispute Resolution Division, in lieu of the statement.

Thank you.

MEDICAL MALPRACTICE

CONFIDENTIAL MEDIATION STATEMENT

Multi-Door Dispute Resolution Division

Judge	Calendar #
Case Number	
Case Caption	
This case is scheduled for mediation on	at 1:00 p.m.
Submitted by:	Check one
Attorney or Pro Se Party (please print)	□ Plaintiff □ Defendant □ 3rd party Plaintiff □ 3rd party Defendant
Firm	
Address	
City State	e Zip
Telephone	
List below the names of <u>all</u> parties you r necessary). The filing of one settlement that you represent in this matter, provid	t statement will suffice for all of the parties

Name of party	Name of party
Name of party	Name of party
Name of party	Name of party
Name of party	Name of party

1. Please provide a brief summary of the facts of this case:

2. Please identify the issues of law and fact in disputes and summarize the position of the party/ies you represent on these issues:

- 3. Discuss any issues of law or fact the early resolution of which could facilitate early settlement or narrow the scope of this dispute:
- 4. Please provide your assessment of the value range of this case for settlement purposes.

minimum \$_____ maximum \$_____

- 5. Please outline any other matters that may assist the mediator and facilitate the mediation.
- 6. Identify the attorney who will represent the party/ies at the mediation session and the person with authority who will attend the mediation session:

name and title

party/entity represented

name and title

party/entity represented

7. Attach any documents or materials relevant to this case that may assist the mediator and advance the purposes of the mediation session.